

4-20-92

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| REPORT DOCUMENTATION PAGE | | | Form Approved OMB No. 0704-0188 | |
|--|--|---|--|--|
| <small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.</small> | | | | |
| 1. AGENCY USE ONLY (Leave blank) | | 2. REPORT DATE | 3. REPORT TYPE AND DATES COVERED | |
| | | | Final - Oct. 1, 1987 - March 31, 1992 | |
| 4. TITLE AND SUBTITLE | | | 5. FUNDING NUMBERS | |
| Increasing the Participation of Historically Black Colleges and Universities and Minority Institutions in Department of Defense Activities | | | N00014-87-J-1270 MODIFICATION NO.: P00003 AGO CODE: N66002 ONR CODE: 1121RS CAGE CODE: | |
| 6. AUTHOR(S) | | | | |
| Samuel L. Myers Julia C. Elam Hanna Brown | | | | |
| 7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) | | | 8. PERFORMING ORGANIZATION REPORT NUMBER | |
| National Association for Equal Opportunity in Higher Education (NAFEO) 400 - 12th Street, NE Washington, DC 20002 | | | 6042 | |
| 9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) | | | 10. SPONSORING/MONITORING AGENCY REPORT NUMBER | |
| Mrs. Tracey Pinson Dennis Small & Disad. Bus. Utiliz. Office of the Secretary of Defense Pentagon 2A340 Washington, DC 20301-3061 | | | Mr. Charles Luther Scientific Officer Office of Naval Research 800 N. Quincy Street Arlington, VA 22217-5000 | |
| 11. SUPPLEMENTARY NOTES | | | | |
| | | | | |
| 12a. DISTRIBUTION / AVAILABILITY STATEMENT | | | 12b. DISTRIBUTION CODE | |
| Public Availability | | | | |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">DISTRIBUTION STATEMENT A Approved for public release Distribution Unlimited</div> | | | | |
| 13. ABSTRACT (Maximum 200 words) | | | | |
| The primary intent of this project is to assist the historically black colleges and universities & other minority institutions (HBCUs/MIs) in becoming more competitive in the Department of Defense procurement arena through a variety of activities, including institutional marketing; the preparation of guides, catalogs, compendia, etc for educating DoD and its primes about the HBCUs/MIs and for educating the HBCUs/MIs about DoD program opportunities and how DoD operates; grant and contract management; dissemination of information (DoD and DoD-related); the scanning and dissemination of grant and contract opportunities to the HBCUs/MIs as announced in the <u>Commerce Business Daily</u> , and the facilitation of partnerships between the HBCUs/MIs and Industry and between the HBCUs/MIs and Major Research Institutions. | | | | |
| 14. SUBJECT TERMS | | | 15. NUMBER OF PAGES | |
| | | | | |
| | | | 16. PRICE CODE | |
| | | | | |
| 17. SECURITY CLASSIFICATION OF REPORT | 18. SECURITY CLASSIFICATION OF THIS PAGE | 19. SECURITY CLASSIFICATION OF ABSTRACT | 20. LIMITATION OF ABSTRACT | |
| Unclassified | Unclassified | Unclassified | | |

DISCLAIMER NOTICE



THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.

FINANCIAL STATUS REPORT

(Follow instructions on the back)

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)
National Association for Equal Opport.
in Higher Education
400 12th Street, NE
Washington, D.C. 20002

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED
Department of the Navy

4. EMPLOYER IDENTIFICATION NUMBER
23-7439804

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT
YES ☐ NO ☒

OMB Approved
No. 80-RO180

PAGE OF
1 1

8. PROJECT/GRANT PERIOD (See instructions)
FROM (Month, day, year) 9-30-87 TO (Month, day, year) 9-29-89

PERIOD COVERED BY THIS REPORT
FROM (Month, day, year) 9-30-87 TO (Month, day, year) 9-29-89

10. STATUS OF FUNDS

| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) Personnel costs | (b) Other Direct | (c) Printing/Dissemination of inv./newslet.workshops/trav. contractors | (d) Sub-conferences | (e) Indirect costs | TOTAL (g) |
|---|---------------------|------------------|--|---------------------|--------------------|-----------|
| Days previously reported | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total outlays this report period | 410,837 | 84,279 | 50,107 | 123,669 | 342,459 | 1,541,199 |
| Less: Program income credits | 612,504 | 136,506 | 49,500 | 171,300 | 537,312 | 2,041,122 |
| Net outlays this report period (Line a minus line c) | - | - | - | - | - | - |
| Net outlays to date (Line a plus line d) | 410,837 | 84,279 | 50,107 | 123,669 | 342,459 | 1,541,199 |
| Less: Non-Federal share of outlays | | | | | | |
| Total Federal share of outlays (Line e minus line f) | 410,837 | 84,279 | 50,107 | 123,669 | 342,459 | 1,541,199 |
| Total unliquidated obligations | | | | | | |
| Less: Non-Federal share of unliquidated obligations shown on line h | | | | | | |
| Federal share of unliquidated obligations | | | | | | |
| Total Federal share of outlays and unliquidated obligations | 410,837 | 84,279 | 50,107 | 123,669 | 342,459 | 1,541,199 |
| Total cumulative amount of Federal funds authorized | 612,504 | 136,506 | 49,500 | 171,300 | 537,312 | 2,041,122 |
| Unobligated balance of Federal funds | 201,667 | 52,227 | (607) | 47,631 | 194,853 | 499,923 |

11. TYPE OF RATE (Place "X" in appropriate box)

12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Rates are adjusted at audit each fiscal year 6/30.

13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

14. SIGNATURE OF AUTHORIZED OFFICIAL Samuel L. Myers

15. TYPED OR PRINTED NAME AND TITLE Samuel L. Myers

16. TELEPHONE (Area code, number and extension) (202) 543-9111

17. DATE REPORT SUBMITTED 9-29-89

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

| | | | | |
|---|---|-------------------------------|-----------|---------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted Department of the Navy | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency N00014-87-J-1270 | OMB Approval No. 0348-0039 | Page 1 | of 1 pages |
|---|---|-------------------------------|-----------|---------------|

| |
|--|
| 3. Recipient Organization (Name and complete address, including ZIP code) National Association for Equal Opportunity in Higher Education 400 12th Street, NE Washington, D.C. 20002 |
|--|

| | | | |
|---|---|--|---|
| 4. Employer Identification Number 23-7439804 | 5. Recipient Account Number or Identifying Number | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
|---|---|--|---|

| | | | |
|---|-----------------------------------|---|-----------------------------------|
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 9-30-87 | To: (Month, Day, Year) 9-29-89 | 9. Period Covered by this Report From: (Month, Day, Year) 9-30-87 | To: (Month, Day, Year) 9-29-89 |
|---|-----------------------------------|---|-----------------------------------|

| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
|---|--------------------------|-------------------|-------------------|
| a. Total outlays | | | |
| b. Refunds, rebates, etc. | | | 1,541,199 |
| c. Program income used in accordance with the deduction alternative | | | |
| d. Net outlays (Line a, less the sum of lines b and c) | | | 1,541,199 |

| | | | |
|--|--|--|--|
| Recipient's share of net outlays, consisting of: | | | |
| e. Third party (in-kind) contributions | | | |
| f. Other Federal awards authorized to be used to match this award | | | |
| g. Program income used in accordance with the matching or cost sharing alternative | | | |
| h. All other recipient outlays not shown on lines e, f or g | | | |
| i. Total recipient share of net outlays (Sum of lines e, f, g and h) | | | |

| | | | |
|---|--|--|-----------|
| j. Federal share of net outlays (line d less line i) | | | 1,541,199 |
| k. Total unliquidated obligations | | | |
| l. Recipient's share of unliquidated obligations | | | |
| m. Federal share of unliquidated obligations | | | |
| n. Total federal share (sum of lines j and m) | | | 1,541,199 |
| o. Total federal funds authorized for this funding period | | | 2,041,122 |
| p. Unobligated balance of federal funds (Line o minus line n) | | | 499,923 |

| | | | |
|---|--|--|--|
| Program Income, consisting of: | | | |
| q. Disbursed program income shown on lines c and/or g above | | | |
| r. Disbursed program income using the addition alternative | | | |
| s. Undisbursed program income | | | |
| t. Total program income realized (Sum of lines q, r and s) | | | |

| | |
|----------------------|--|
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed |
| | b. Rate 35.73 |
| | c. Base 1,198,740 |
| | d. Total Amount 342,459 |
| | e. Federal Share 342,459 |

| |
|--|
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Rates are adjusted at audit each Fiscal Year 6/30. |
|--|

| |
|---|
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. |
|---|

| | |
|---|---|
| Typed or Printed Name and Title Samuel L. Myers, President | Telephone (Area code, number and extension) (202) 543-9111 |
| Signature of Authorized Certifying Official | Date Report Submitted 4/15/92 |

CONTRACT COMPLETION STATEMENT

1. FROM: (Contract Administration Office)

Office of Naval Research
Atlanta Regional Office
101 Marietta Tower Suite 2805
101 Marietta Street
Atlanta, GA 30303-0008

2a. PI NUMBER

DAAH04-93-G-0409

2b. LAST MODIFICATION NUMBER

N/A

2c. CALL/ORDER NUMBER

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Defense Accounting Office
CM#3, Room 206, Attn: Code 40
Washington, D.C. 20371-5400

4. CONTRACTOR IDENTITY CODE AND ADDRESS

The Johns Hopkins University
105 Ames Hall
Baltimore, MD 21218

5. EXCESS FUNDS ☐ YES ☒ NO

\$

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS

\$ 52,000.00 Total Amount Obligated to Grant
\$ 52,000.00 Total Amount Billed
\$ 0.00 Unexpended

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. Douglas Heaton
ACO

9c. SIGNATURE

Douglas E. Heaton

9d. DATE

6 JUN. 96

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL

10d. SIGNATURE

10e. DATE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

| | | | | | | |
|---|--|--|--|--|-----------|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Army Research Office | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency DAAH04-93-G-0409 | | OMB Approval No. 0348-0039 | Page 1 | of 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Johns Hopkins University 105 Ames Hall/3400 North Charles Street Homewood Research Administration Baltimore, Maryland 21218-2686 | | | | | | |
| 4. Emeric Identification Number 1-520595110 | | 5. Recipient Account Number or Identifying Number G434-E83-2043 | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual |
| 8. Funding Grant Period (See instructions) From: (Month, Day, Year) 08/20/1993 | | To: (Month, Day, Year) 08/19/1994 | | 9. Period Covered by this Report From: (Month, Day, Year) 08/20/1993 | | To: (Month, Day, Year) 08/19/1994 |
| 10. Transactions: | | I Previously Reported | | II This Period | | III Cumulative |
| a. Total outlays | | -0- | | 52,000.00 | | 52,000.00 |
| b. Recipient share of outlays | | | | | | |
| c. Federal share of outlays | | -0- | | 52,000.00 | | 52,000.00 |
| d. Unliquidated obligations | | | | | | |
| e. Recipient share of unliquidated obligations | | | | | | |
| f. Federal share of unliquidated obligations | | | | | | |
| g. Total Federal share (Sum of lines c and f) | | | | | | 52,000.00 |
| h. Total Federal funds authorized for this funding period | | | | | | 52,000.00 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | | | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | | |
| b. Rate .665 | | c. Base 31,231.24 | | d. Total Amount 20,768.76 | | e. Federal Share 20,768.76 |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title R. Alan Friend, Director Cost Analysis | | | | Telephone (Area code, number and extension) 410-516-6120 | | |
| Signature of Authorized Certifying Official <i>R. Alan Friend</i> | | | | Date Report Submitted 04/04/1996 | | |

DATE: May 30, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: DAAH04-93-G-0409

Grantee/Contractor: The Johns Hopkins University

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$52,000.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The Johns Hopkins University is a HHS cognizant institution. The basis for certifying cost is the cost analysis as explained in paragraph 4 below.

2. The subject grant began on 20 August 1993 and was completed on 19 August 1994. The total estimated cost of the grant was \$52,000.00.

3. The awardee has met all obligations under the referenced agreement including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

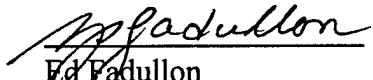
a. The HHS accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

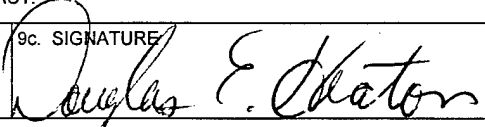
- (1) Direct Labor - Amounts charged were in agreement with those initially proposed.
- (2) Overhead - Grantee charged the correct HHS negotiated on-campus rate.
- (3) Fringe Benefits - Grantee charged the correct HHS negotiated rates.
- (4) Materials/Supplies - Grantee charged what was budgeted.
- (5) Travel - No travel was charged.
- (6) Equipment - Equipment was charged at budget.
- (7) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.


Ed Padullon
ads Sr. Contract Specialist

CONTRACT COMPLETION STATEMENT

| | | | |
|---|---------------------------|--|-------------------------------|
| 1. FROM (Contract Administration Office) Office of Naval Research Atlanta Regional Office 101 Marietta Street, Suite 2805 Atlanta, GA 30323-0008 (POC: DOUGLAS E. HEATON /404-730-9257) | | 2a. PII NUMBER N00014-95-1-0158 | |
| | | 2b. LAST MODIFICATION NUMBER | |
| | | 2c. CALL/ORDER NUMBER | |
| 3. TO: (Name and Address of Purchasing Office and Office Symbols of the PCO, if known) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> DFAS Charleston - OPLC Vendor Pay and Travel Division Code (FP) P.O. Box 118054 Charleston, SC 29423-8054 </div> | | 4. CONTRACTING IDENTIFY CODE AND ADDRESS UNIVERSITY OF DELAWARE | |
| | | 5. EXCESS FUNDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <div style="text-align: right;">\$0.00</div> | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c. | 6b. VOUCHER NUMBER | 6c. DATE | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARD | |
| 8. REMARKS 1. Performance on N00014-95-1-0158 for University of Delaware is complete. Forwarded for processing are pertinent closing documents to support full payment of 7,629.00. 2. 7,629.00 Funds obligated by the Grant 7,629.00 Allowable costs (includes \$7,629.00 paid to date) \$ 0.00 Excess funds to be deobligated Copy to: 21/822 (w/copy of closeout documents) | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL DOUGLAS E. HEATON Administrative Contracting Officer | | 9c. SIGNATURE  | 9d. DATE 11 JUN, 96 |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d. ABOVE. <input type="checkbox"/> DATE SHOWN IN ITEM 10a. BELOW. <i>(Check this box only if final completion of any significant purchasing office action extends more than three months beyond class-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))</i> | | | |
| 10b. REMARKS nvb | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL | | 10d. SIGNATURE | 10e. DATE |

CLOSEOUT MEMORANDUM

Grant: N00014-95-1-0158

Grantee: UNIVERSITY OF DELAWARE

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$7,629.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Grants Officer (AGO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.

2. The subject agreement began on 01 OCT 1994 and was completed on 30 SEP 1995. The total estimated cost of the agreement was \$7,629.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

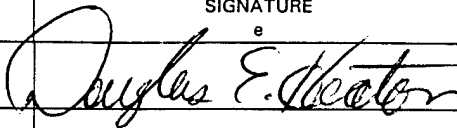
4. Total costs billed have been reviewed, and I hereby certify, as AGO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.

5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.



DOUGLAS HEATON

Administrative Grants Officer

| | | | | | |
|---|----------------------------|--|---|--|-----------|
| CONTRACT ADMINISTRATION COMPLETION RECORD | | | | 1. SUSPENSE DATE | |
| 2. From: Department of the Navy Office of Naval Research - Atlanta 101 Marietta Tower Suite 2805 Atlanta, GA 30323-0008 | | | | 3. CONTRACT NUMBER N00014-95-1-0158 | |
| 4. TO: (Organizational element performing function checked below) FILE | | | | 5. NAME OF CONTRACTOR UNIVERSITY OF DELAWARE | |
| <p>The contract identified above has been physically completed (i.e., all required deliveries or shipments have been made and/or services performed or terminated).</p> <p>Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6a and this form returned by the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense date, a subsequent advice of final action is required.</p> <p>If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.</p> | | | | | |
| STATUS OF ACTION(S) | | | | | |
| "X" a | FUNCTION b | "X" IF REQUIRED ACTION(S) COMPLETED | ANTICIPATED DATE FOR COMPLETION OF ACTION(S) | SIGNATURE e | DATE f |
| X | PROPERTY ADMINISTRATION | X | |  | 6 JUN 96 |
| | PLANT CLEARANCE | | | | |
| | CONTRACT TERMINATION | | | | |
| | OTHER (Specify) | | | | |
| | | | | | |
| 7. REMARKS TITLE TO PROPERTY WITH THIS GRANT VEST WITH THE GRANTEE. | | | | | |
| 8. TYPED NAME OF RESPONSIBLE OFFICIAL | | | 9. SIGNATURE | | 10. DATE |



DEPARTMENT OF THE NAVY
OFFICE OF NAVAL RESEARCH
800 NORTH QUINCY STREET
ARLINGTON, VA 22217-5660

IN REPLY REFER TO

5870
Ser OOC1/296
3 May 96

From: Chief of Naval Research
To: Contracting Officer, ONRRO/Atlanta
Subj: CONTRACT N00014-95-1-0158 WITH UNIVERSITY OF DELAWARE
Encl: (1) DD Form 882 dtd 23 Apr 96

1. The Contractor's Final Report of Inventions and Subcontracts is acceptable and is returned herewith as enclosure (1).

A handwritten signature in cursive script, reading "William F. McCarthy", is positioned above the typed name.

WILLIAM F. MCCARTHY
Associate Counsel/Senior
ONR Patent Attorney

Karp, Michael

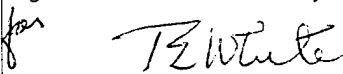
DLWL

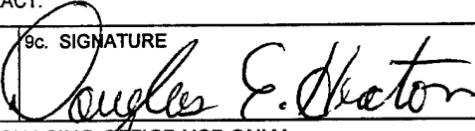
From: Thurman, Barbara
To: Karp, Michael
Subject: FINAL TECHNICAL REPORT
Date: Monday, April 29, 1996 2:24PM

I have received a final technical report on N00014-95-1-0158 entitled "Bifurcation and Stability Analysis for Acoustic Ray Propagation in an Underwater Sound Channel" in the case of ROPO/Simmen. You may close out this grant.

FINANCIAL STATUS REPORT

(Short Form)

| | | | | | | | |
|--|--|--|--|---|--|----------------------------------|--|
| 1. Federal Agency & Organizational Element to Which Report is Submitted Office of Naval Research Department of the Navy | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency N00014-95-1-0158 | | OMB Approval No. 0348-0039 | | Page 1 of 1 | |
| 3. Recipient Organization (Name and complete address, including ZIP code): University of Delaware Office of Sponsored Programs Newark, DE 19716 | | | | | | | |
| 4. Employer Identification Number 51-6000297 | | 5. Recipient Account/ID Number 3-3-21-3501-55 | | 6. Final Report [X] Yes [] No | | 7. Basis [X] Cash [] Accrual | |
| 8. Funding/Grant Period From: 10/01/94 To: 09/30/95 | | | | 9. Period Covered by this Report From: 10/01/94 To: 09/30/95 | | | |
| 10. Transactions: | | | | I Previously Reported | | II This Period | |
| | | | | III Cumulative | | | |
| a. Total outlays | | | | \$0.00 | | \$7,629.00 | |
| b. Recipient share of outlays | | | | \$0.00 | | \$0.00 | |
| c. Federal share of outlays | | | | \$0.00 | | \$7,629.00 | |
| d. Total unliquidated obligations | | | | | | \$0.00 | |
| e. Recipient share of unliquidated outlays | | | | | | \$0.00 | |
| f. Federal share of unliquidated outlays | | | | | | \$0.00 | |
| g. Total Federal share (Sum of lines c and f) | | | | | | \$7,629.00 | |
| h. Total Federal funds authorized for this funding period | | | | | | \$7,629.00 | |
| i. Unobligated balance of Federal funds (line h minus line g) | | | | | | \$0.00 | |
| 11. Indirect Expense | | a. Type of Rate [] Provisional [X] Predetermined [] Final [] Fixed | | | | | |
| | | b. Rate 51.9% | | c. Base \$226.46 | | d. Total Amount \$117.54 | |
| | | | | | | e. Federal Share \$117.54 | |
| 12. Remarks Final Expenditure Breakdown: Equipment \$7,285.00 Supplies & Expenses \$226.46 Indirect Cost \$117.54 Any questions concerning this report, please contact Susan M. Tkachick (302) 831-2136 | | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | | |
| Typed or Printed Name and Title Costel D. Denson, Vice Provost for Research | | | | Telephone (302) 831-2136 | | | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted 4/23/96 | | | |

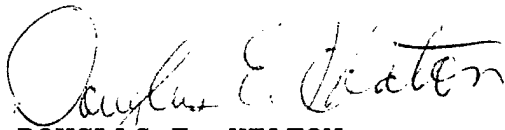
| CONTRACT COMPLETION STATEMENT | | |
|--|--|--|
| 1. FROM (Contract Administration Office) Office of Naval Research Atlanta Regional Office 101 Marietta Street, Suite 2805 Atlanta, GA 30323-0008 (POC: B.COPELAND /404-730-9258) | | 2a. PII NUMBER N00014-91-J-1817 |
| | | 2b. LAST MODIFICATION NUMBER P00004 |
| | | 2c. CALL/ORDER NUMBER |
| 3. TO: (Name and Address of Purchasing Office and Office Symbols of the PCO, if known) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> DFAS Charleston - OPLC Vendor Pay and Travel Division Code (FP) P.O. Box 118054 Charleston, SC 29423-8054 </div> | | 4. CONTRACTING IDENTIFY CODE AND ADDRESS DELAWARE STATE COLLEGE |
| | | 5. EXCESS FUNDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c. | 6b. VOUCHER NUMBER | 6c. DATE |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARD |
| 8. REMARKS 1. Performance on N00014-91-J-1817 for Delaware State College is complete. Forwarded for processing are pertinent closing documents to support full payment of \$291,800.00. 2. 291,800.00 <u>Funds obligated by the Grant</u> 291,800.00 Allowable costs (includes \$291,800.00 paid to date) \$ 0.00 Excess funds to be deobligated Copy to: Code 21 and Code 822 (w/copy of closeout documents) | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL DOUGLAS E. HEATON Administrative Grants Officer | 9c. SIGNATURE  | 9d. DATE 10 JUN 96 |
| FOR PURCHASING OFFICE USE ONLY | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d. ABOVE. <input type="checkbox"/> DATE SHOWN IN ITEM 10a. BELOW. (Check this box only if final completion of any significant purchasing office action extends more than three months beyond class-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.)) | | |
| 10b. REMARKS | | |
| nvb | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL | 10d. SIGNATURE | 10e. DATE |

CLOSEOUT MEMORANDUM

Contract No.: N00014-91-J-1817

Contractor: DELAWARE STATE COLLEGE

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$291,800.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
2. The subject agreement began on 01 June 1995 and was completed on 31 August 1995. The total estimated cost of the agreement was \$291,800.00.
3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.



DOUGLAS E. HEATON

Administrative Grants Officer

REQUEST FOR ADVANCE OR REIMBURSEMENT

Approved by Office of Management and
Budget, No. 80-R0183

PAGE 1 OF 1 PAGES

1. TYPE OF
PAYMENT
REQUESTED

a. "X" one, or both boxes
☐ ADVANCE ☒ REIMBURSEMENT
b. "X" the applicable box
☐ FINAL ☐ PARTIAL ☒ ACCRUAL

2. BASIS OF REQUEST
☐ CASH
☒ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

Office of Naval Research

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY
N 00014-91-J-1817

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

4 Final

6. EMPLOYER IDENTIFICATION
NUMBER

510305893

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

2891

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

TO (month, day, year)

9. RECIPIENT ORGANIZATION

Name Delaware State University
1200 N. Dupont Highway
Number Dover, DE 19901
and Street
City, State and ZIP Code:

10. PAYEE (Where check is to be sent is different than item 9)

Name : Same as #9
Number and Street :
City, State and ZIP Code :

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

| | (a) | (b) | (c) | TOTAL |
|---|--------------|-----|-----|--------------|
| PROGRAMS/FUNCTIONS/ACTIVITIES ▶ | | | | |
| a. Total program outlays to date (As of date) | \$291,800.00 | \$ | \$ | \$291,800.00 |
| b. Less: Cumulative program income | 0.00 | | | 0.00 |
| c. Net program outlays (Line a minus line b) | 291,800.00 | | | 291,800.00 |
| d. Estimated net cash outlays for advance period | 0.00 | | | 0.00 |
| e. Total (Sum of lines c & d) | 291,800.00 | | | 291,800.00 |
| f. Non-Federal share of amount on line e | 0.00 | | | 0.00 |
| g. Federal share of amount on line e | 291,800.00 | | | 291,800.00 |
| h. Federal payments previously requested | 291,800.00 | | | 291,800.00 |
| i. Federal share now requested (Line g minus line h) | 0.00 | | | 0.00 |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | | | | |
| 1st month | | | | |
| 2nd month | | | | |
| 3rd month | | | | |

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

| | |
|--|---------|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | |
| c. Amount requested (Line a minus line b) | \$ 0.00 |

13.

CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME AND TITLE

Thomas P. Vitale, Associate V.P.
for Business and Finance

DATE REQUEST
SUBMITTED

1/12/95

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

1(302) 739 - 5131

This space for agency use

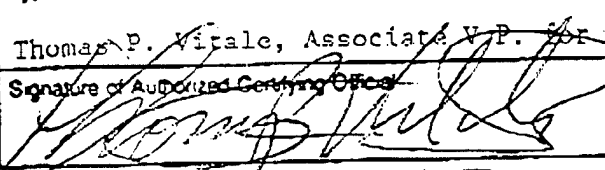
PROVISIONAL PAYMENT SUBJECT
TO LATER AUDIT
Natalie V. Buept
PROCUREMENT TECHNICIAN
OFFICE OF NAVAL RESEARCH

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Final

| | | | | | | |
|---|--|--|--|--|--|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted Office of Naval Research | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency N 00014 - 91 - J - 1817 | | OMB Approval No. 0348-0039 | Page 1 | of 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Delaware State University 1200 N. Dupont Highway Dover, DE 19901 | | | | | | |
| 4. Employer Identification Number 510305893 | | 5. Recipient Account Number or Identifying Number 2891 | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/1/91 | | To: (Month, Day, Year) 8/31/95 | | 9. Period Covered by this Report From: (Month, Day, Year) 6/1/91 | | To: (Month, Day, Year) 8/31/95 |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | | | | 0.00 | 291,800.00 | 291,800.00 |
| b. Recipient share of outlays | | | | 0.00 | 0.00 | 0.00 |
| c. Federal share of outlays | | | | 0.00 | 291,800.00 | 291,800.00 |
| d. Total unliquidated obligations | | | | | | 0.00 |
| e. Recipient share of unliquidated obligations | | | | | | 0.00 |
| f. Federal share of unliquidated obligations | | | | | | 0.00 |
| g. Total Federal share (Sum of lines c and f) | | | | | | 291,800.00 |
| h. Total Federal funds authorized for this funding period | | | | | | 291,800.00 |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | | | 0.00 |
| 11. Indirect Expenses | | | | | | |
| a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | | | | |
| b. Rate 8% | | c. Base 251,902.00 | | d. Total Amount 20,152.16 | | e. Federal Share 20,152.16 |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title Thomas P. Virale, Associate V.P. for Business and Finance | | | | | Telephone (Area code, number and extension) 1(302) 739 - 5131 | |
| Signature of Authorized Certifying Official  | | | | | Date Report Submitted 11/28/95 | |

✓

Bryant, Natalie

From: Petrosky, Carol
To: Bryant, Natalie
Subject: FINAL PATENT REPORT
Date: Friday, May 10, 1996 10:51AM

1. The negative final patent report for the Grant Number N00014-91-J-1817 with Delaware State University has been accepted and approved.
2. The Contractor has fulfilled all the patent requirements of the Grant.

Carol

Bryant, Natalie

From: Bryant, Natalie
To: Bright, Harold
Subject: Final Technical Certification
Date: Tuesday, May 07, 1996 10:32AM
Priority: High

Delaware State University submitted for two Final Technical report s: N00014-93-1-1372 and N00014-91-J-1817. Your approval or disapproval is requested.

Thanking you in advance!

Natalie V. Bryant
Procurement Technician
ONR-243

Verbal approval 6 June 96.

CONTRACT ADMINISTRATION COMPLETION RECORD

2. FROM:

DEPARTMENT OF THE NAVY
OFFICE OF NAVAL RESEARCH - ATLANTA
101 MARIETTA TOWER
SUITE 2805
ATLANTA, GEORGIA 30323-0008

1. SUSPENSE DATE

3. CONTRACT NUMBER

N00014-91-J-1817

AS AMENDED BY MODIFICATION NUMBERS
THROUGH P000003-A000004

4. TO: (Organizational element performing function checked below)

FILE

5. NAME OF CONTRACTOR

DELAWARE STATE COLLEGE

The contract identified above has been physically completed (i.e., all required deliveries or shipments have been made and/or services performed or terminated).

Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6a and this form returned to the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense date, a subsequent advice of final action is requested.

If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.

STATUS OF ACTION(S)

| "X" | FUNCTION | "X" IF REQUIRED ACTION(S) COMPLETED | ANTICIPATED DATE FOR COMPLETION OF ACTION(S) | SIGNATURE | DATE |
|-----|----------------------------|--|---|-----------------|--------------|
| a | b | c | d | | e |
| X | PROPERTY ADMINISTRATION | X | | Michael D. Karp | 14 June 1991 |
| | PLANT CLEANANCE | | | | |
| | CONTRACT TERMINATION | | | | |
| | OTHER (Specify) | | | | |
| | | | | | |

7. REMARKS

TITLE TO PROPERTY ACQUIRED WITH GRANT FUNDS VESTS WITH THE GRANTEE.

8. TYPED NAME OF RESPONSIBLE OFFICIAL

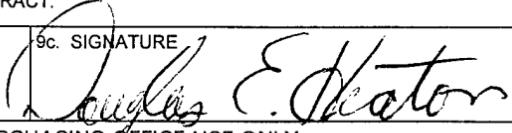
9. SIGNATURE

10. DATE

DD FORM 1593

REPLACES EDITION OF 1 FEB 67 WHICH IS OBSOLETE.

U.S. GOVERNMENT PRINTING OFFICE: 1980-500-000-0000

| CONTRACT COMPLETION STATEMENT | | |
|---|---|---|
| 1. FROM (Contract Administration Office) Office of Naval Research Atlanta Regional Office 101 Marietta Street, Suite 2805 Atlanta, GA 30323-0008 (POC: DOUGLAS E. HEATON /404-730-9257) | | 2a. PII NUMBER N00014-89-K-2031 |
| | | 2b. LAST MODIFICATION NUMBER P00024 |
| | | 2c. CALL/ORDER NUMBER |
| 3. TO: (Name and Address of Purchasing Office and Office Symbols of the PCO, if known) DFAS Charleston - OPLC Vendor Pay and Travel Division Code (FP) P.O. Box 118054 Charleston, SC 29423-8054 | | 4. CONTRACTING IDENTIFY CODE AND ADDRESS UNIVERSITY RESEARCH FOUNDATION |
| | | 5. EXCESS FUNDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$0.00 |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c. | 6b. VOUCHER NUMBER | 6c. DATE |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARD |
| 8. REMARKS 1. Performance on N00014-89-K-2031 for University Research Foundation is complete. Forwarded for processing are pertinent closing documents to support full payment of 3,353,260.00. 2. 3,353,260.00 Funds obligated by the Grant 3,353,260.00 Allowable costs (includes \$3,353,260.00 paid to date) \$ 0.00 Excess funds to be deobligated Copy to: 21/822 (w/copy of closeout documents) | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL DOUGLAS E. HEATON Administrative Contracting Officer | 9c. SIGNATURE  | 9d. DATE 11 JUN 96 |
| FOR PURCHASING OFFICE USE ONLY | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d. ABOVE. <input type="checkbox"/> DATE SHOWN IN ITEM 10a. BELOW. (Check this box only if final completion of any significant purchasing office action extends more than three months beyond class-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.)) | | |
| 10b. REMARKS | | |
| nvb | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL | 10d. SIGNATURE | 10e. DATE |

CLOSEOUT MEMORANDUM

Contract No.: N00014-89-K-2031

Contractor: UNIVERSITY RESEARCH FOUNDATION

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$3,353,260.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
2. The subject agreement began on 25 August 1989 and was completed on 24 August 1992. The total estimated cost of the agreement was \$3,353,260.00.
3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.



DOUGLAS E. HEATON

Administrative Contracting Officer



DEPARTMENT OF THE NAVY

OFFICE OF NAVAL RESEARCH
ATLANTA REGIONAL OFFICE
101 MARIETTA TOWER
101 MARIETTA ST., SUITE 2805
ATLANTA, GEORGIA 30323

IN REPLY REFER TO

243-ATL:DEH:mc
UNRF/N00014-89-K-2031
27 June 1994

From: Office of Naval Research, Atlanta Regional Office, Atlanta
Georgia
To: Naval Research Laboratory, Attn: Code 3220/Raymond A. Patten,
4555 Overlook Ave., S.W., Washington, DC 20375-5000
SUBJ: CONTRACT N00014-89-K-2031 WITH UNIVERSITY RESEARCH
FOUNDATION

1. This office is in the process of closing the subject contract. We have been advised that the final technical report has been submitted.
2. So that closeout may continue, please provide this office with certification of technical completion of the contract.
3. Any questions should be directed to Mr. Douglas E. Heaton, ACO, at telephone no. (404)730-9257.

MICHELLE COPELAND
Procurement Technician

DO NOT DETACH

FIRST ENDORSEMENT ON ONRRR/Atlanta ltr dtd

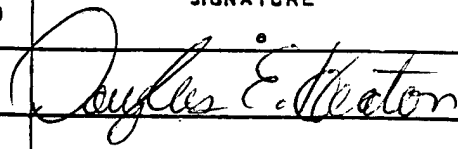
I certify that all technical requirements under this contract have been completed.

Scientific Officer

DR RAYMOND A. PATTEN, COTR N00014-89-K-2031

8/23/94

Date 23 AUGUST 1994

| CONTRACT ADMINISTRATION COMPLETION RECORD | | | | 1. SUSPENSE DATE | |
|--|-------------------------|-------------------------------------|--|---|----------|
| 2. FROM: DEPARTMENT OF THE NAVY ATLANTA REGIONAL OFFICE 101 MARIETTA TOWER, SUITE 2805 ATLANTA, GA 30323-0008 | | | | 3. CONTRACT NUMBER N00014-89-K-2031 AS AMENDED BY MODIFICATIONS NUMBERED THROUGH | |
| 4. TO: (Organizational element performing function checked below) <div style="text-align: center; margin-top: 20px;">FILE</div> | | | | 5. NAME OF CONTRACTOR UNIVERSITY RESEARCH FOUNDATION GREENBELT, MD | |
| <p>The contract identified above has been physically completed (i.e., all required deliveries or shipments have been made and/or services performed or terminated).</p> <p>Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6a and this form returned by the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense date, a subsequent advice of final action is requested.</p> <p>If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.</p> | | | | | |
| 6. STATUS OF ACTION(S) | | | | | |
| "X" | FUNCTION | "X" IF REQUIRED ACTION(S) COMPLETED | ANTICIPATED DATE FOR COMPLETION OF ACTION(S) | SIGNATURE | DATE |
| X | PROPERTY ADMINISTRATION | X | |  | 6 JUN 94 |
| | PLANT CLEARANCE | | | | |
| | CONTRACT TERMINATION | | | | |
| | OTHER (Specify) | | | | |
| | | | | | |
| 7. REMARKS The purpose of this modification is to transfer the accountability of GFE under N00014-89-K-2031 to Contract N00014-94-C-2206 (Ref. to P00024) Final DD 1662 was Negative. | | | | | |
| 8. TYPED NAME OF RESPONSIBLE OFFICIAL | | | 9. SIGNATURE | | 10. DATE |

DD FORM 1593
1 APR 62

REPLACES EDITION OF 1 FEB 67 WHICH IS OBSOLETE.

U.S. Government Printing Office: 1966-003-009/25300 2



DEPARTMENT OF THE NAVY
NAVAL RESEARCH LABORATORY
WASHINGTON DC 20375-5320

IN REPLY REFER TO:

4200/
3220/

DATE: 11APR96

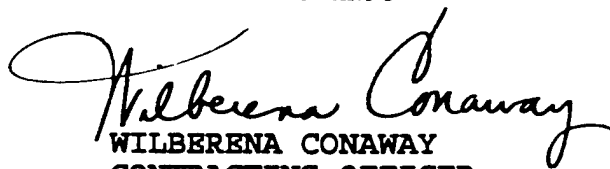
FROM: CONTRACTING OFFICER, NAVAL RESEARCH LABORATORY,
WASHINGTON, DC 20375-5326

TO: DEPT OF NAVY
ONRRR-ATLANTA
101 MARIETTA TOWER
101 MARIETTA ST., SUITE 2805
ATLANTA GA 30323

SUBJ: CONTRACTOR'S FINAL REPORT OF INVENTIONS AND SUBCONTRACTS
UNDER CONTRACT N00014-89-K-2031 WITH UNIVERSITY RESEARCH FOUNDATION

REF: (A) 243-ATL:DEH:mc UNRF/N00014-89-K-2031

1. IN REPLY TO REFERENCE (A), CONTRACTORS FINAL REPORT OF
INVENTIONS AND SUBCONTRACTS WAS RECEIVED 29JAN96
AND ACCEPTED 18MAR96


WILBERENA CONAWAY
CONTRACTING OFFICER



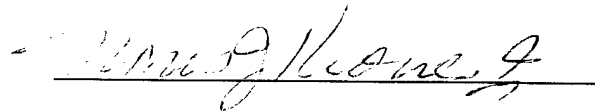
CONTRACTOR'S RELEASE

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the sum of three million three hundred and fifty three thousand two hundred and sixty dollars (\$3,353,260) which has been or is to be paid under the said Contract to The University Research Foundation (hereinafter called the Contractor) or its assignees, if any, the Contractor, upon payment of the said sum by The United States Government, does remiss, release, and discharge The United States Government, its officers, agents and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said Contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:
2. Claims, together with reasonable expenses incidental thereto, based on the liabilities of the Contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to The United States Government, within the period specified in the said Contract.
3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of The United States Government, against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said Contract, including without limitation those provisions relating to notification to The United States Government, and relating to the defense or prosecution of litigation.

This release has been executed this 17 day of June, 1994.



By Dr. Norris J. Krone, Jr.

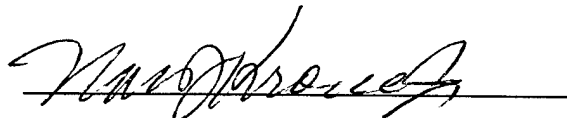
Title President, University Research Foundation

SUBCONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES,
CREDITS AND OTHER AMOUNTS

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the reimbursement of costs and payment of fees, as provided in the said Contract any assignment thereunder, University Research Foundation (hereinafter called the Contractor) does hereby:



1. Assign, transfer, set over and release to The United States Government all rights, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of said Contract, together with all the rights of action accrued or which may hereafter accrue thereunder, (except those for refunds, rebates, or credits for taxes paid to a State or any political subdivision thereof).
2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits and other amounts (including any interest thereon) due or which may become due and to promptly forward to The United States Government any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by The United States Government, as stated in the said Contract and may be applied to reduce any amounts otherwise payable to The United States Government, under the terms hereof.
3. Agree to cooperate fully with The United States Government, as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other paper in connection therewith; and to permit The United States Government to represent it at any hearing, trial or other proceedings, arising out of such claim or suit.
4. In the event the Contractor obtains or receives any refund, rebate or credit for taxes paid to a State or any political subdivision thereof, in connection with the performance of the Contract, and for which the Contractor is paid or reimbursed by The United States Government, the Contractor agrees to pay over to The United States Government, an amount equal to such refund or credit (including interest paid or credited to the Contractor incident to such refund or credit to the extent such interest was earned after the Contractor was paid or reimbursed by The United States Government for such taxes). In the event the Contractor receives any benefit in lieu of or in addition to such refund, rebate or credit, the Contractor agrees to pay over to The United States Government, an amount equal to such benefit.

This release has been executed this 17 day of June, 1994.



By Dr. Norris J. Krone, Jr.

Title President, University Research Foundation

| | | | | | | | |
|---|-----------------------------|--|---|--|--------------------------------|---------------------|----------------|
| Standard Form 1034 Revised January 1980 Department of the Treasury FORM 4-2000 | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER NO. 42 | |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Office of Naval Research Resident Representative 1931 Crystal Mall - Bldg 3 Washington DC 20770 | | | | DATE VOUCHER PREPARED July 11, 1994 | | SCHEDULE NO. 1 | |
| | | | | CONTRACT NUMBER AND DATE N00014-89-K-2031 8/25/89 | | | PAID BY |
| | | | | REQUISITION NUMBER AND DATE 65-9070-89 8/25/89 | | | |
| PAYEE'S NAME AND ADDRESS University Research Foundation 6411 Ivy Lane, Suite 110 Greenbelt, MD 20770 | | | | DATE INVOICE RECEIVED | | | |
| | | | | DISCOUNT TERMS | | | |
| | | | | PAYEE'S ACCOUNT NUMBER | | | |
| | | | | GOVERNMENT B/L NUMBER | | | |
| SHIPPED FROM | | TO | | WEIGHT | | | |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY | UNIT PRICE | | AMOUNT (1) | |
| | | | | COST | PER | | |
| | 2/4/92 to 8/24/92 | | | | | \$0.00 | |
| "I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents." | | | | | | | |
| | | |  Dr. Norris J. Krone, Jr. 7/11/94 | | | | |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | | TOTAL \$0.00 | |
| PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | APPROVED FOR | | EXCHANGE RATE | | DIFFERENCES | | |
| | = \$ | | = \$1.00 | | | | |
| | BY 2 | | | | | | |
| | | | | | | | |
| | | | | | Amount verified; correct for | | |
| | TITLE | | (Signature or initials) | | | | |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. | | | | | | | |
| 11 JUN 94  (Date) (Authorized Certifying Officer)2 | | | DOUGLAS E. HEATON Administrative Contracting Officer (Title) | | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | |
| | | | | | | | |
| PAID BY | CHECK NUMBER | | ON ACCOUNT OF U.S. TREASURY | | CHECK NUMBER ON (Name of bank) | | |
| | CASH | | DATE | | PAYEE 3 | | |
| | \$ | | | | | | |
| <small>When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, the signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. When a voucher is supplied in the name of a company or corporation, the name of the person signing the company or corporate name is not in the capacity in which he signs, must appear. For example: John Doe Company, per John Smith, Secretary or Treasurer, as the case may be.</small> | | | | | PSP TITLE | | |

Previous edition obsolete

34-777-10

HSN 7540-10-700-2134

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of accounting Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to provide this information will hinder discharge of the payment obligation.

Standard Form 1035
September 1973
4 Treasury FRM 2000
1035-113-01

Exception approved
by NARS. 10-77

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

CONTINUATION SHEET

VOUCHER NO.

42

SCHEDULE NO.

2

SHEET NO.

1

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

Naval Research Laboratory

N00014-89-K-2031

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT |
|--------------------------------|-----------------------------------|--|---------------|----------------|-----|-------------------|
| | | | | COST | PER | |
| | 2/4/92 to 8/24/92 | Analysis of Claimed Current and Cumulative Costs | | | | |
| | | | | <u>CURRENT</u> | | <u>CUMULATIVE</u> |
| | | DIRECT LABOR | | 0.00 | | 837,810.43 |
| | | DIRECT COSTS | | | | |
| | | Equipment | | 0.00 | | 79,455.32 |
| | | Travel | | 0.00 | | 65,409.10 |
| | | Training | | 0.00 | | 1,094.94 |
| | | Medical | | 0.00 | | 2,138.82 |
| | | Subcontract | | 0.00 | | 1,539,158.00 |
| | | Other | | 0.00 | | 20.00 |
| | | | | 0.00 | | 1,687,276.18 |
| | | INDIRECT COSTS | | | | |
| | | Fringe | | 0.00 | | 302,619.04 |
| | | Overhead | | 0.00 | | 409,094.76 |
| | | | | 0.00 | | 711,713.80 |
| | | Total Costs | | 0.00 | | 3,236,800.41 |
| | | FEE | | 0.00 | | 116,459.63 |
| | | TOTAL BILLING | | 0.00 | | 3,353,260.04 |

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

24 Final

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

Commanding Officer
U.S. Navy Regional Finance Center
CM#3 Room 206 Attn: Code 40
Washington DC 20371-5400

DATE VOUCHER PREPARED 7/1/88
2/20/92 12/31/91

CONTRACT NUMBER AND DATE
N00014-88K-0631
REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S
NAME
AND
ADDRESS

CASE WESTERN RESERVE UNIVERSITY
CONTROLLER'S-GRANTS ACCOUNTING
UCRC ONE THIRD FLOOR
10900 EUCLID AVENUE
CLEVELAND OH 44106-7006

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER
221-3500-6795

Organic Ferro Lab

H. Ishida

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT (1) |
|--------------------------------|-----------------------------------|--|---------------|------------|---------|---------------|
| | | | | COST | PER | |
| | 12/1/91 to 12/31/91 | For details see continuation sheet Total Amount claimed transferred from page 1035-A. Cost Reimbursable | | | CURRENT | \$129.86 |

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

\$129.86

PAYMENT:

- ☐ PROVISIONAL
☐ COMPLETE
☐ PARTIAL
☒ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR

=\$

EXCHANGE RATE

=\$1.00

DIFFERENCES

BY 2

TITLE

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

11/15/95
(Date)

(Authorized Certifying Officer) 3

Administrative Contracting
(Title) OFFICER

ACCOUNTING CLASSIFICATION

| | | | | |
|---------|--------------|-----------------------------|--------------|-------------------|
| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) |
| | CASH | DATE | PAYEE 3 | |
| | \$ | | | |

3When stated in foreign currency, insert name of currency.
3If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
3When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

| |
|-------|
| PER |
| TITLE |

Previous edition usable

NSN 7540-00-900-223

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

24 Final

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

Commanding Officer
U.S. Navy Regional Finance Center
CM#3 Room 206 Attn: Code 40
Washington DC 20371-5400

DATE VOUCHER PREPARED

7/1/88

2/20/92

12/31/91

CONTRACT NUMBER AND DATE

N00014-88K-0631

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S
NAME
AND
ADDRESS

CASE WESTERN RESERVE UNIVERSITY
CONTROLLER'S-GRANTS ACCOUNTING
UCRC ONE THIRD FLOOR
10900 EUCLID AVENUE
CLEVELAND OH 44106-7006

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

221-3500-6795

Organic Ferro Lab

H. Ishida

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER
AND DATE
OF ORDER

DATE OF
DELIVERY
OR SERVICE

ARTICLES OR SERVICES
(Enter description, item number of contract or Federal supply
schedule, and other information deemed necessary)

QUAN-
TITY

UNIT PRICE

COST

PER

AMOUNT

(1)

12/1/91

to

12/31/91

For details see continuation sheet.

Total Amount claimed transferred
from page 1035-A.

Cost Reimbursable

CURRENT

\$129.86

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

\$129.86

PAYMENT:

☐ PROVISIONAL

☐ COMPLETE

☐ PARTIAL

☒ FINAL

☐ PROGRESS

☐ ADVANCE

APPROVED FOR

= \$

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY 2

TITLE

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

11/15/95
(Date)

(Authorized Certifying Officer) 3

Administrative Contracting
(Title)

ACCOUNTING CLASSIFICATION

PAID BY

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE 3

1When stated in foreign currency, insert name of currency.

2If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

3When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

| | | | | | | | | |
|---|--|--|---|--|---|--|--|----------------|
| Standard Form 1034 Revised October 1987 Department of the Treasury 2 TFM 4-2000 2004-101 | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER NO. <div style="text-align: center; font-size: 1.2em;">24 Final</div> | | |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Commanding Officer U.S. Navy Regional Finance Center CM#3 Room 206 Attn: Code 40 Washington DC 20371-5400 | | | DATE VOUCHER PREPARED <div style="display: flex; justify-content: space-between;"> 2/20/92 7/1/88 12/31/91 </div> | | SCHEDULE NO. | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> PAYEE'S NAME AND ADDRESS CASE WESTERN RESERVE UNIVERSITY CONTROLLER'S-GRANTS ACCOUNTING UCRC ONE THIRD FLOOR 10900 EUCLID AVENUE CLEVELAND OH 44106-7006 </div> <div style="width: 40%; text-align: right;"> H. Ishida </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Organic Ferro Lab</div> </div> | | | CONTRACT NUMBER AND DATE <div style="text-align: center; font-weight: bold;">N00014-88K-0631</div> | | PAID BY | | | |
| | | | REQUISITION NUMBER AND DATE | | DATE INVOICE RECEIVED | | | |
| | | | DISCOUNT TERMS | | PAYEE'S ACCOUNT NUMBER <div style="text-align: center; font-weight: bold;">221-3500-6795</div> | | | |
| | | | SHIPPED FROM | | | TO | | WEIGHT |

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-TITY | UNIT PRICE | | AMOUNT <div style="text-align: right;">(1)</div> |
|--------------------------|-----------------------------|--|-----------|------------|-----|---|
| | | | | COST | PER | |
| | 12/1/91 | For details see continuation sheet. | | | | |
| | to | Total Amount claimed transferred from page 1035-A. | | CURRENT | | \$129.86 |
| | 12/31/91 | Cost Reimbursable | | | | |
| TOTAL | | | | | | \$129.86 |

(Use continuation sheet(s) if necessary)

| | | | |
|---|---|--|--|
| PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | APPROVED FOR <div style="text-align: center;">= \$</div> | EXCHANGE RATE <div style="text-align: center;">= \$1.00</div> | DIFFERENCES <div style="text-align: center;">Amount verified; correct for</div> |
| BY ² | | TITLE | |
| (Signature or initials) | | | |

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

11/15/95

(Date)

(Authorized Certifying Officer) ³

Administrative Contracting

(Title)

ACCOUNTING CLASSIFICATION

| | | | | |
|---------|--------------|-----------------------------|--------------------|-------------------|
| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON (Name of bank) |
| | CASH | DATE | PAYEE ³ | |
| | \$ | | | |

¹When stated in foreign currency, insert name of currency.

²If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

³When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder disbursement.

Standard Form 1035
September 1973
4 Treasury FRM 2000
1035-110

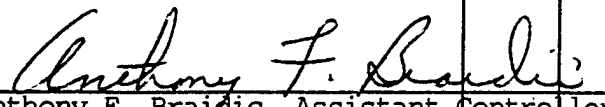
**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.
24 Final
SCHEDULE NO.
SHEET NO.

CONTINUATION SHEET

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

221-3500-6795

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT |
|---|-----------------------------------|--|---|------------|-----|-------------------|
| | | | | COST | PER | |
| CASE WESTERN RESERVE UNIVERSITY CONTROLLER'S-GRANTS ACCOUNTING UCRC ONE THIRD FLOOR 10900 EUCLID AVENUE CLEVELAND OH 44106-7006 | | | CONTRACT NO. <u>N00014-88K-0631</u> CONTRACT AMOUNT \$ <u>300,000.00</u> | | | |
| | 12/1/91 to 12/31/91 | CURRENT | | | | CUMULATIVE |
| | Salaries | 0 | | | | 96,183.59 |
| | Fringe | 0 | | | | 18,332.58 |
| | Supplies | 18.10 | | | | 20,987.37 |
| | Internal Services | 0 | | | | 652.00 |
| | Travel | 0 | | | | 4,315.52 |
| | Comm & Shipping | 0 | | | | 1,282.75 |
| | Equipment | 0 | | | | 79,150.95 |
| | Maint & Repairs | 0 | | | | 4,360.84 |
| | Fellowship | 0 | | | | 1,049.51 |
| | Overhead | 1,065.87 | | | | 74,639.00 |
| | Cost Shared Overhead | (954.11) | | | | (954.11) |
| | | <u>129.86</u> | | | | <u>300,000.00</u> |
| <p>"I certify that all expenditures reported for payments requested are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents."</p> <p> Anthony F. Braidic, Assistant Controller 216/368-4280</p> | | | | | | |

Standard Form 1035
September 1973
4 Treasury FRM 2000
1035-110

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.
24 Final
SCHEDULE NO.
SHEET NO.

CONTINUATION SHEET

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

221-3500-6795

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT |
|--|-----------------------------------|---|---------------|------------|-----|---|
| | | | | COST | PER | |
| | | CASE WESTERN RESERVE UNIVERSITY CONTROLLER'S-GRANTS ACCOUNTING UCRC ONE THIRD FLOOR 10900 EUCLID AVENUE CLEVELAND OH 44106-7006 | | | | CONTRACT NO. <u>NO0014-88K-0631</u> CONTRACT AMOUNT \$ <u>300,000.00</u> |
| | 12/1/91 to 12/31/91 | CURRENT | | | | CUMULATIVE |
| | Salaries | 0 | | | | 96,183.59 |
| | Fringe | 0 | | | | 18,332.58 |
| | Supplies | 18.10 | | | | 20,987.37 |
| | Internal Services | 0 | | | | 652.00 |
| | Travel | 0 | | | | 4,315.52 |
| | Comm & Shipping | 0 | | | | 1,282.75 |
| | Equipment | 0 | | | | 79,150.95 |
| | Maint & Repairs | 0 | | | | 4,360.84 |
| | Fellowship | 0 | | | | 1,049.51 |
| | Overhead | 1,065.87 | | | | 74,639.00 |
| | Cost Shared Overhead | (954.11) | | | | (954.11) |
| | | <u>129.86</u> | | | | <u>300,000.00</u> |
| <p>"I certify that all expenditures reported for payments requested are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents."</p> <p><u>Anthony F. Braidic</u> Anthony F. Braidic, Assistant Controller 216/368-4280</p> | | | | | | |

Standard Form 1035
September 1973
4 Treasury FRM 2000
1035-110

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

CONTINUATION SHEET

VOUCHER NO.

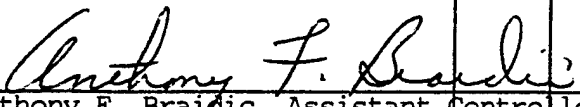
24 Final

SCHEDULE NO.

SHEET NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

221-3500-6795

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT |
|---|-----------------------------------|--|---------------|------------|-----|---|
| | | | | COST | PER | |
| CASE WESTERN RESERVE UNIVERSITY CONTROLLER'S-GRANTS ACCOUNTING UCRC ONE THIRD FLOOR 10900 EUCLID AVENUE CLEVELAND OH 44106-7006 | | | | | | CONTRACT NO. <u>NO0014-88K-0631</u> CONTRACT AMOUNT \$ <u>300,000.00</u> |
| | 12/1/91 to 12/31/91 | CURRENT | | | | CUMULATIVE |
| | Salaries | 0 | | | | 96,183.59 |
| | Fringe | 0 | | | | 18,332.58 |
| | Supplies | 18.10 | | | | 20,987.37 |
| | Internal Services | 0 | | | | 652.00 |
| | Travel | 0 | | | | 4,315.52 |
| | Comm & Shipping | 0 | | | | 1,282.75 |
| | Equipment | 0 | | | | 79,150.95 |
| | Maint & Repairs | 0 | | | | 4,360.84 |
| | Fellowship | 0 | | | | 1,049.51 |
| | Overhead | 1,065.87 | | | | 74,639.00 |
| | Cost Shared Overhead | (954.11) | | | | (954.11) |
| | | 129.86 | | | | 300,000.00 |
| <p>"I certify that all expenditures reported for payments requested are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents."</p> <p> Anthony F. Brajdic, Assistant Controller 216/368-4280</p> | | | | | | |

CONTRACT COMPLETION STATEMENT

1. FROM: (Contract Administration Office)

Office of Naval Research
Regional Office
536 South Clark St., Room 208
Chicago, IL 60605-1588

2a. PN NUMBER

N00014-88-K-0631

2b. LAST MODIFICATION NUMBER

P00001

2c. CALL/ORDER NUMBER

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Department of Naval Research
Office of the Chief of Naval Research
800 North Quincy Street
Arlington, VA 22217-5660

4. CONTRACTOR IDENTITY CODE AND ADDRESS

Case Western Reserve University
10900 Euclid Ave
Cleveland, OH 44106

5. EXCESS FUNDS ☐ YES ☒ NO

\$ _____

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

24

7c. DATE FORWARDED

11/8/95

8. REMARKS

\$300,000.00 Total amount obligated to contract
300,000.00 Total amount billed
0.00 Unexpended

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL

Todd Frye
ACO

9c. SIGNATURE

9d. DATE

11/15/95

FOR PURCHASING OFFICE USE ONLY.

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL
Shirley Wilson

10d. SIGNATURE

10e. DATE

CONTRACT COMPLETION STATEMENT

1. FROM: (Contract Administration Office)

Office of Naval Research
Regional Office
101 Marietta Tower, Suite 2805
101 Marietta Street
Atlanta, GA 30303

2a. PI NUMBER

N00014-87-K-0811

2b. LAST MODIFICATION NUMBER

P00005

2c. CALL/ORDER NUMBER

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Defense Finance Accounting Service
Charleston Operating Location
Attn: FPVG
P.O. Box 71489
North Charleston, SC 2914-1489

4. CONTRACTOR IDENTITY CODE AND ADDRESS

University of Maryland at College Park
Office of Contract and Grant Acct. Rm. 1410
College Park, MD 20742

5. EXCESS FUNDS ☒ YES ☐ NO

\$ 119.38

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE
ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O.
OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS
UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS

\$ 846,250.00 Total amount obligated to Contract
846,130.62 Total amount billed
\$ 119.38 Unexpended

Final voucher No. 28899-12 in the amount of \$0.00 was forwarded for processing on November 18, 1991. Excess funds in the amount of \$119.38 is in the file. The Office of Naval Research should take action to deobligate these funds.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
Douglas Heaton
ACO

9c. SIGNATURE

Douglas Heaton

9d. DATE

8 MAY 96

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL

10d. SIGNATURE

10e. DATE

DATE: May 6, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-87-K-0811

Grantee/Contractor: University of Maryland at College Park

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$846,130.62 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is over \$500,000.00. The basis for certifying the costs is the fact that the contract expired before January 1, 1991 and review as explained in paragraph 4 below. Excess funds in the amount of \$119.38 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28899-12, dated 11/18/91 is in the file.

2. The subject contract began on 01 October 1987 and was completed on 30 September 1990. The total estimated cost of the contract was \$978,999.00.

3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.

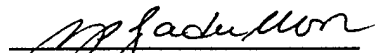
b. Specific finding, with regard to the individual cost elements, are as follows:

- (1) Direct Labor & Fringe Benefits - Amounts charged were in agreement with those initially proposed.
- (2) Overhead - Contractor charged the correct HHS negotiated on-campus rate.
- (3) Materials/Supplies - Contractor charged what was budgeted.
- (4) Travel - Travel was at budget and all domestic.
- (5) Equipment - Equipment was charged at budget.
- (6) Other Direct Costs - Were reasonable and accepted.

(6) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.



Ed Fadillon

ads Senior Contract Specialist

University of Maryland
College Park, Maryland

Contract No. N00014 87K 0811
Contractor's Assignment

CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. N00014 87K 0811 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.
2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (Treasurer of the United States), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suit.

IN WITNESS WHEREOF, this assignment has been executed this 18th
day of November, 19 91.

UNIVERSITY OF MARYLAND
(Contractor)

WITNESS

By:

Eric Carter
Eric Carter, Manager

WITNESS

University of Maryland
College Park, Maryland

Contract No. N00014 87K 0811
Contractor's Release

CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 87K 0811 and in consideration of the sum of (\$ 846,130.62) Eight Hundred Forty Six Thousand One Hundred Thirty Dollars and Sixty Two Cents. which has been or is to be paid under the said contract to the University of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:
2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 18th day of November, 19 91.

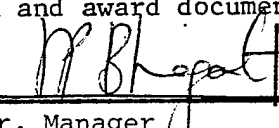
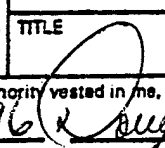
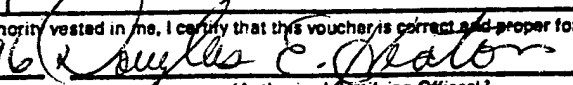
UNIVERSITY OF MARYLAND

WITNESS

WITNESS

By:

Eric Carter
Eric Carter, Manager

| | | | | | | | |
|---|------------------------------------|--|--|--|---------------------|---|--|
| Standard Form 1034 7 GAO 5000 1034-113 | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER NO. 28899-12 Final | |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Commanding Officer U.S. Navy Regional Finance Ctr CM #3, Rm. 206, Attn: Code 40 Washington, DC 20371-5400 | | | | DATE VOUCHER PREPAID November 18, 1991 | | SCHEDULE NO. PAID BY DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER 28899-12 Final GOVERNMENT B/L NUMBER | |
| | | | | CONTRACT NUMBER AND DATE N00014 87K 0811 | | | |
| | | | | REQUISITION NUMBER AND DATE | | | |
| PAYEE'S NAME AND ADDRESS University of Maryland College Park 28899-12 Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SHIPPED FROM | | TO | | WEIGHT | | GOVERNMENT B/L NUMBER | |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUANTITY | UNIT PRICE COST PER | | AMOUNT | |
| 22 September 1990 thru 30 September 1990 | | Cost Reimbursable "I certify to the best of my knowledge and belief that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents." | | | | \$712.51 | |
| | | <div style="text-align: center;">  Eric Carter, Manager </div> | | | | 11-18-91 Date | |
| (Use continuation sheets if necessary) | | (Payee must NOT use the space below) | | | | TOTAL \$712.51 | |
| PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | | APPROVED FOR BY:  TITLE | | EXCHANGE RATE = \$1.00 | | DIFFERENCES Amount verified: correct for (Signature or Initials) | |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. | | | | | | | |
| 8 MAY 96 (Date) | |  (Authorized Certifying Officer) ² | | DOUGLAS E. HEATON Administrative Contracting Officer (Title) | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | |
| | | | | | | | |
| PAID BY | CHECK NUMBER | | ON TREASURER OF THE UNITED STATES | | CHECK NUMBER | | |
| | CASH | | DATE | | PAYEE'S | | |
| | | | | PER | | | |
| | | | | TITLE | | | |

¹ When stated in foreign currency, insert name of currency

² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

STANDARD FORM 1035
SEPTEMBER 1973
4 TREASURY FRM 2000
1035-113

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL
CONTINUATION SHEET

VOUCHER NO.
28899-12 Final
SCHEDULE NO.
SHEET NO.
2 of 2

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT
U.S. Navy Reg Fin Ctr, Wash DC 20371-5400

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT |
|--------------------------------|-----------------------------------|---|--|------------|-----|---------------|
| | | | | COST | PER | |
| | | University of Maryland College Park 28899-12 Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742 Contract No.: N00014 87K 0811 Contract Period: 10/1/87-9/30/90 ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS Major Cost Elements | FED ID # 1 526002036/ Estimated Cost \$ | | 3 | 846,250.00 |
| | | 1. Salaries and Wages | \$ (3 | 210 | 66) | \$421,376.67 |
| | | 2. Fringe Benefits | (| 293 | 26) | 92,743.79 |
| | | 3. Materials, Supplies and Services | 3 | 803 | 43 | 97,257.69 |
| | | 4. Travel | | -0- | | 10,611.96 |
| | | 5. Sub Total (Subject To Overhead) | - | 299 | 51 | 621,990.11 |
| | | 6. Equipment | | -0- | | 31,559.92 |
| | | 7. Other | | -0- | | 0.00 |
| | | 8. TOTAL DIRECT COSTS | | 299 | 51 | 653,550.03 |
| | | 9. Overhead @ % @ % Adjustment* Previous Overhead | | 413 | 00 | 192,580.59 |
| | | 10. TOTAL COST | \$ | 712 | 51 | \$ 846,130.62 |
| | | 25 % \$ 45,030.99* | | | | |
| | | 22 % 45,758.55 | | | | |
| | | 46 % 59,152.02* | | | | |
| | | 40.5% 42,639.03 | | | | |
| | | <u>\$192,580.59</u> | | | | |
| | | *Account should have charged 25% MTDC overhead rate (off campus) and 46% MTDC overhead rate (on campus) effective 10/1/88. | | | | |

CONTRACT COMPLETION STATEMENT

| | | | |
|---|---------------------------|--|--|
| 1. FROM: (Contract Administration Office) Office of Naval Research Regional Office 101 Marietta Tower, Suite 2805 101 Marietta Street Atlanta, GA 30303 | | 2a. PII NUMBER N00014-86-K-0286 <hr/> 2b. LAST MODIFICATION NUMBER A00003 <hr/> 2c. CALL/ORDER NUMBER _____ | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Defense Finance Accounting Service Charleston Operating Location Attn: FPVG P.O. Box 71489 North Charleston, SC 2914-1489 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS University of Maryland at College Park Office of Contract and Grant Acct. Rm. 1410 College Park, MD 20742 <hr/> 5. EXCESS FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ <u>14.57</u> | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | 6b. VOUCHER NUMBER | 6c. DATE | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARDED | |
| 8. REMARKS <div style="text-align: right; margin-right: 100px;"> \$ 374,627.00 <i>Total amount obligated to Contract</i> \$ <u>374,612.43</u> <i>Total amount billed</i> \$ 14.57 <i>Unexpended</i> </div> <p><i>Excess funds in the amount of \$14.57 remain on this contract. The Department of Navy needs to take action to deobligate these funds. Final voucher no. 28944-40 in the amount of \$0.00, dated 4 August 1993 is in the file.</i></p> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Douglas Heaton ACO | 9c. SIGNATURE | 9d. DATE 11 JUN 96 | |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW <i>(Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))</i> | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL | 10d. SIGNATURE | 10e. DATE | |

DATE: May 9, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-87-K-0286

Grantee/Contractor: University of Maryland at College Park

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$374,612.43 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of \$14.57 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28944-40, dated 08/4/93 is in the file.

2. The subject contract began on 15 March 1986 and was completed on 01 February 1990. The total estimated cost of the contract was \$374,627.00.

3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

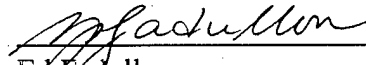
a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.

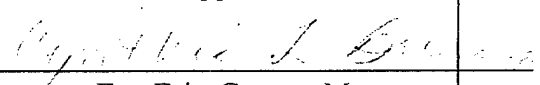
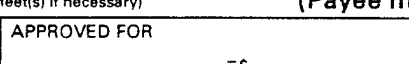
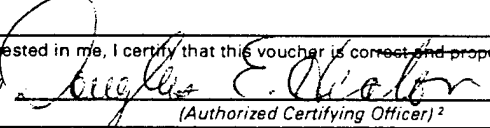
b. Specific finding, with regard to the individual cost elements, are as follows:

- (1) Direct Labor & Fringe Benefits - Amounts charged were in agreement with those initially proposed.
- (2) Overhead - Contractor charged the correct HHS negotiated on-campus rate.
- (3) Materials/Supplies - Contractor charged what was budgeted.
- (4) Travel - Travel was at budget and all domestic.
- (5) Equipment - No equipment was charged.
- (6) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.


Ed Fadullon
ads Senior Contract Specialist

| Standard Form 1034 7 GAO 5000 1034-113 | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER NO. Revised 28944-40 Final | |
|--|---|---|---|---|---|---|--|
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Commanding Officer U.S. Navy Regional Finance Center CM #3, Rm. 206, Attn: Code 40 Washington, DC 20371 | | | DATE VOUCHER PREPAID August 4, 1993 | | SCHEDULE NO. | | |
| | | | CONTRACT NUMBER AND DATE N00014 86K 0286 | | PAID BY | | |
| | | | REQUISITION NUMBER AND DATE | | | | |
| PAYEE'S NAME AND ADDRESS University of Maryland College Park 28944-40 Revised Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742 | | | | | DATE INVOICE RECEIVED | | |
| | | | | | DISCOUNT TERMS | | |
| | | | | | PAYEE'S ACCOUNT NUMBER | | |
| | | | | | | | |
| SHIPPED FROM | | | TO | | WEIGHT | | |
| | | | | | GOVERNMENT B/L NUMBER 28944-40 Rev Final | | |
| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small> | QUANTITY | UNIT PRICE | | AMOUNT <small>(¹)</small> | |
| | | | | COST | PER | | |
| 31 January 1990 thru 1 February 1990 | | Cost Reimbursable "I certify to the best of my knowledge and belief that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents." <div style="text-align: center;">  For Eric Carter, Manager </div> | | | | -0- | |
| (Use continuation sheet(s) if necessary) (Payee must NOT use the space below) | | | | | | TOTAL -0- | |
| PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE | | APPROVED FOR BY:  TITLE | EXCHANGE RATE = \$ = \$1.00 | DIFFERENCES | | | |
| | | | Amount verified; correct for (Signature or Initials) | | | | |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. | | | | | | | |
| 11 JUN 93 <small>(Date)</small> | |  <small>(Authorized Certifying Officer)²</small> | | DOUGLAS E. HEATON Administrative Contracting Officer <small>(Title)</small> | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | |
| | | | | | | | |
| PAID BY | CHECK NUMBER ON TREASURER OF THE UNITED STATES | | CHECK NUMBER ON (Name of Bank) | | | | |
| | CASH DATE | | PAYEE ³ | | | | |
| ¹ When stated in foreign currency, insert name of currency ² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. | | | | | | PER TITLE | |

STANDARD FORM 1035
SEPTEMBER 1973
4 TREASURY FRM 2000
1035-113

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

CONTINUATION SHEET

VOUCHER NO.
28944-40 Rev Final
SCHEDULE NO.
SHEET NO.
2 of 2

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

U.S. Navy Regional Finance Center, Washington, DC 20371

| NUMBER AND DATE OF ORDER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT |
|--------------------------------|-----------------------------------|---|---|------------|-----|----------------------------------|
| | | | | COST | PER | |
| | | University of Maryland College Park 28944-40 Revised Final Office of Contract/Grant Accounting Room 3121 South Administration Building College Park, MD 20742 Contract No.: N00014 86K 0286 Contract Period: 3/15/86-2/1/90 ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS | FED ID # 1 526002036 Estimated Cost \$ | | | 374,627.00 |
| | | Major Cost Elements | Amount for Current Period Billed | | | Cumulative Amount From Inception |
| | 1. | Salaries and Wages | \$ | -0- | | \$ 198,970.70 |
| | 2. | Fringe Benefits | | -0- | | 37,320.85 |
| | 3. | Materials, Supplies and Services | | -0- | | 23,769.13 |
| | 4. | Travel | | -0- | | 5,633.98 |
| | 5. | Sub Total (Subject To Overhead) | | -0- | | 265,694.66 |
| | 6. | Equipment | | -0- | | 703.07 |
| | 7. | Other | | -0- | | -0- |
| | 8. | TOTAL DIRECT COSTS | | -0- | | 266,397.73 |
| | 9. | Overhead @ 46 % 5,621.54 @ 40.5 % 100,924.95 Adjustment* Previous Overhead 1,668.21 | | -0- | | 108,214.70 |
| | 10. | TOTAL COST | \$ | -0- | | \$ 374,612.43 |

University of Maryland
College Park, Maryland

Contract No. N00014 86K 0286
Contractor's Assignment

CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the sum of (\$374,612.43) Three Hundred Seventy Four Thousand Six Hundred Twelve Dollars and Forty Three Cents, which has been or is to be paid under the said contract to the University of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:
2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 4th day of August, 1993.

UNIVERSITY OF MARYLAND
(Contractor)

WITNESS [Signature] By:

[Signature]

WITNESS [Signature]

Eric Carter

University of Maryland
College Park, Maryland

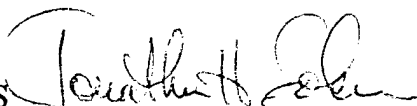
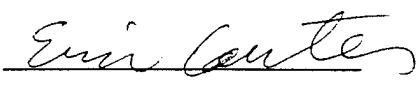

Contract No. N00014 86K 0286
Contractor's Assignment

CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

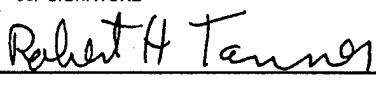
Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.
2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (Treasurer of the United States), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suits.

IN WITNESS WHEREOF, this assignment has been executed this 4th day of August, 1993.

| | | |
|---------|--|---|
| | | <u>UNIVERSITY OF MARYLAND</u> |
| | | (Contractor) |
| WITNESS | <u></u> | By: <u></u> |
| WITNESS | <u></u> | <u>Eric Carter</u> |

CONTRACT COMPLETION STATEMENT

| | | | |
|--|--|--|---------------------------|
| 1. FROM: (Contract Administration Office) Office of Naval Research Regional Office 495 Summer Street, Rm 103 Boston, MA 02210-2109 | | 2a. PI NUMBER N00014-89-J-1034 | |
| | | 2b. LAST MODIFICATION NUMBER P00008 | |
| | | 2c. CALL/ORDER NUMBER | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Department of Naval Research Office of the Chief of Naval Research 800 North Quincy Street Arlington, VA 22217-5660 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS Woods Hole Oceanographic Institution Grants and Contracts Service Woods Hole, MA 02543 | |
| | | 5. EXCESS FUNDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ _____ | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | | 6b. VOUCHER NUMBER 24 | 6c. DATE 05/13/96 |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | | 7b. INVOICE NUMBER | 7c. DATE FORWARDED |
| 8. REMARKS <div style="text-align: right;"> <p>\$ 82,500.00 Total amount obligated to grant</p> <p><u>82,500.00</u> Total amount billed</p> <p>\$ 0.00 Unexpended</p> </div> <p>Final voucher No. 24 in the amount of \$0.00, dated 17 May 1996 is in the file.</p> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Robert Tanner ACO | | 9c. SIGNATURE  | 9d. DATE 8/2/96 |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.)) | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL Ms. Anna Mae Weston | | 10d. SIGNATURE | 10e. DATE |

DATE: June 25, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-89-J-1034

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$82,500.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Final voucher No.24 in the amount of \$0.00, dated 13 May 1996 is in the file.

2. The subject grant began on 1 October 1988 and was completed on 31 December 1994. The total estimated cost of the grant was \$82,500.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The ONR accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor - Amounts charged were in agreement with those initially proposed.

(2) Overhead - Grantee charged the correct ONR negotiated on-campus rate.

(3) Fringe Benefits - Grantee charged the correct negotiated rates.

(4) Materials/Supplies - Grantee charged what was budgeted.

(5) Travel - Travel was at budget and all domestic.

(6) Equipment - No equipment was charged.

(7) Other Direct Costs - Were reasonable and accepted.

(8) General & Administration - Grantee charged the correct ONR negotiated rate.

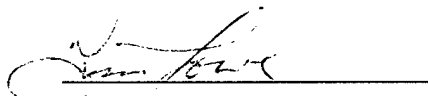
In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.



Mary Moore,

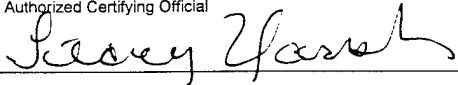
ads Junior Contract Specialist



Tim Lowe

ads Project Manager

FINANCIAL STATUS REPORT
(Short Form)

| | | | | | | |
|---|--|--|---|--|---------------|---|
| 1. Federal Agency and Organizational Element to Which Report is submitted OFFICE OF NAVAL RESEARCH | | 2. Federal Grant of Other Identifying Number Assigned By Federal Agency N00014-89-J-1034 | | OMB Approval No. 0348-0039 | Page 1 | of 1 pages |
| 3. Recipient Organization (Name and complete address, including Zip Code) WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD WOODS HOLE, MA 02543-1056 | | | | | | |
| 4. Employer Identification Number 04-2105850 | | 5. Recipient Account Number or Identifying Number 131034SP | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/88 | | To: (Month, Day, Year) 12/31/94 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/01/88 | | To: (Month, Day, Year) 12/31/94 |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative | | |
| a. Total Outlays | | 0.00 | 82,500.00 | 82,500.00 | | |
| b. Recipient share of outlays | | 0.00 | 0.00 | 0.00 | | |
| c. Federal share of outlays | | 0.00 | 82,500.00 | 82,500.00 | | |
| d. Total unliquidated obligations | | | | 0.00 | | |
| e. Recipient share of unliquidated obligations | | | | 0.00 | | |
| f. Federal share of unliquidated obligations | | | | 0.00 | | |
| g. Total Federal share (Sum of lines c and f) | | | | 82,500.00 | | |
| h. Total Federal funds authorized for this funding period | | | | 82,500.00 | | |
| i. Unobligated balance of Federal funds (Line h minus g) | | | | 0.00 | | |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | | | |
| | b. Rate See Attached | c. Base \$46,752 | d. Total Amount \$31,836 | e. Federal Share \$31,836 | | |
| 12. Remarks: <i>Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i> | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title R. David Rudden Assistant Controller | | | Telephone (Area code, number and extension) (508) 289-2363 | | | |
| Signature of Authorized Certifying Official  | | | Date Report Submitted 8-1-95 | | | |

11.

INDIRECT EXPENSE:

N00014-89-J-1034

| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
|--------------------------|---------|--------------------|--------------------|--------------------|
| FY 1994 | | | | |
| Laboratory Overhead | 36.50% | 14,990.50 | 5,472.00 | 5,472.00 |
| General & Administrative | 34.00% | 14,990.50 | 5,097.00 | 5,097.00 |
| FY 1993 | | | | |
| Laboratory Overhead | 37.90% | 6,659.15 | 2,524.00 | 2,524.00 |
| General & Administrative | 32.00% | 6,659.15 | 2,131.00 | 2,131.00 |
| FY 1992 | | | | |
| Laboratory Overhead | 42.10% | 3,058.96 | 1,288.00 | 1,288.00 |
| General & Administrative | 30.10% | 3,058.96 | 921.00 | 921.00 |
| FY 1991 | | | | |
| Laboratory Overhead | 40.50% | 7,083.37 | 2,869.00 | 2,869.00 |
| General & Administrative | 28.60% | 7,083.37 | 2,026.00 | 2,026.00 |
| FY 1990 | | | | |
| Laboratory Overhead | 38.80% | 6,585.74 | 2,555.00 | 2,555.00 |
| General & Administrative | 29.40% | 6,585.74 | 1,936.00 | 1,936.00 |
| FY 1989 | | | | |
| Laboratory Overhead | 33.00% | 8,374.73 | 2,764.00 | 2,764.00 |
| General & Administrative | 26.90% | 8,374.73 | 2,253.00 | 2,253.00 |
| FY 1988 | | | | |
| Laboratory Overhead | 31.30% | 0.00 | 0.00 | 0.00 |
| General & Administrative | 26.50% | 0.00 | 0.00 | 0.00 |
| TOTAL | | <u>\$46,752.45</u> | <u>\$31,836.00</u> | <u>\$31,836.00</u> |

| | | | | | |
|---|--|---|--|---|---|
| REQUEST FOR ADVANCE OR REIMBURSEMENT | | Approved by Office of Management and Budget, No. 80-RO183 | | PAGE 1 OF 1 PAGES | |
| | | 1. TYPE OF PAYMENT REQUESTED | a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSE b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL | | 2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DEPARTMENT OF THE NAVY | | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY N000-14-89-J-1034 | | 5. PARTIAL PAYMENT REQUEST NUMBER OF THIS REQUEST 24 FINAL | |
| 6. EMPLOYER I.D. NUMBER 04-2105850 | 7. RECIPIENT'S ACCOUNT NO. OR IDENTIFYING NO. 131034 | 8. PERIOD COVERED BY THIS REQUEST FROM 10/01/88 TO 12/31/94 | | | |
| 9. RECIPIENT ORGANIZATION WOODS HOLE OCEANOGRAPHIC INSTITUTION CHALLENGER HOUSE WOODS HOLE, MA 02543 | | | 10. PAYEE <div style="text-align: center; font-size: 1.2em;">S A M E</div> | | |
| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED | | | | | |
| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) \$ | (b) \$ | (c) \$ | T O T A L \$ | |
| (As of date) | | | | | |
| a. Total program outlays to date | | | | 82,500.00 | |
| b. Less : Cumulative program income | | | | | |
| c. Net program outlays (Line a minus line b) | | | | 82,500.00 | |
| d. Estimated net cash outlays for advance period | | | | | |
| e. Total (Sum of lines c & d) | | | | 82,500.00 | |
| f. Non-Federal share of amount on line e | | | | | |
| g. Federal share of amount on line e | | | | 82,500.00 | |
| h. Federal payments previously requested | | | | 82,500.00 | |
| i. Federal share now requested (Line g minus line h) | | | | 0.00 | |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | | |
| | 2nd month | | | | |
| | 3rd month | | | | |
| ALTERNATE COMPUTATION FOR ADVANCES ONLY | | | | | |
| a. Estimated Federal cash outlays that will be made during period covered by the advance | | | | \$ | |
| b. Less : Estimated balance of Federal cash on hand as of beginning of advance period | | | | \$ | |
| c. Amount requested (Line a minus line b) | | | | \$ | |
| CERTIFICATION | | | | | |
| I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested This space for agency use | | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | DATE REQUEST SUBMITTED <div style="text-align: right;">13-May-96</div> | |
| | | TYPED OR PRINTED NAME AND TITLE JANE HARRINGTON ACCOUNTS RECEIVABLE | | TELEPHONE (AREA CODE, NUMBER, EXTENSION) 508-289-2385 | |

WOODS HOLE OCEANOGRAPHIC INSTITUTION

Page 1

Financial Status Report
Job Summary
For the period ended
12/31/95

131034SP (03) SEA FIR SAMPLES LAB RECAP

| | Budget | Current Month Costs | Year to Date Costs | Inception to Date Costs |
|------------------------------------|------------|---------------------------|--------------------------|-------------------------------|
| .0 Salaries - Regular | 32,331.42 | 0.00 | 0.00 | 32,331.42 |
| 5050 Fringe Benefits Regular | 14,421.03 | 0.00 | 0.00 | 14,421.03 |
| 5060 Lab Overhead Regular App | 17,470.84 | 0.00 | 0.00 | 17,470.84 |
| 5100 Elec/Mech/Carp. shop services | 424.12 | 0.00 | 0.00 | 424.12 |
| 5210 Supplies | 2,591.50 | 0.00 | 0.00 | 2,591.50 |
| 5250 Stockroom Supplies | 11.19 | 0.00 | 0.00 | 11.19 |
| 5310 Other Outside Services | 10.50 | 0.00 | 0.00 | 10.50 |
| 5360 Communications | 1,318.43 | 0.00 | 9.59 | 1,318.43 |
| 5370 Shipping & Postage | 394.20 | 0.00 | 0.00 | 394.20 |
| 5430 Duplicating | 177.07 | 0.02 | 0.20 | 177.07 |
| 5480 Equipment Rental | 77.40 | 0.00 | 0.00 | 77.40 |
| 5870 Refunds & Adjustments | (1,090.99) | (0.02) | (1,090.99) | (1,090.99) |
| 5960 G & A Regular App | 14,363.29 | 0.00 | 0.00 | 14,363.29 |
| TOTAL FOR 131034SP | 82,500.00 | 0.00 | (1,081.20) | 82,500.00 |

Time 1:31 PM Date 05/13/96

| GLAS ACCT/PROJ | TAG | PROPERTY ITEM NUMBER DESCRIPTION | DATE REC. | SERIAL NUMBER | MODEL NUMBER | MANU- FACTURER | PROPERTY CUSTODIAN | ASSET LOCATION | P. O. NUMBER | COST OF ITEM | OWNER CODE | I GRP E CAT |
|-------------------|-----|-------------------------------------|--------------|------------------|-----------------|-------------------|-----------------------|-------------------|-----------------|-----------------|---------------|----------------------|
| | | | | | | | | | | | | |

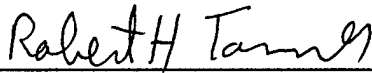
| | | | | | | | | | | | | |
|----------|--------|-----------------|--------|--------|--------|--------------------|------|-----|-------|------|--|------|
| 13103400 | 102764 | COMPUTER 386/25 | 040191 | 101806 | 386/25 | MODEL ANE BRODA JE | MCL2 | 216 | 52715 | 1900 | | 2161 |
|----------|--------|-----------------|--------|--------|--------|--------------------|------|-----|-------|------|--|------|

TOTAL COST FOR ACCT/PROJ

1900

- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3

CONTRACT COMPLETION STATEMENT

| | | | |
|---|------------------------------------|--|---|
| 1. FROM: (Contract Administration Office) Office of Naval Research Boston Regional Office 495 Summer Street, Room 103 Boston, MA 02210-2109 | | 2a. PI NUMBER N00014-88-K-0273 2b. LAST MODIFICATION NUMBER P00003 2c. CALL/ORDER NUMBER | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Department of the Navy Office of the Chief of Naval Research 800 North Quincy Street Arlington, VA 22217-5000 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS Woods Hole Oceanographic Institution Challenger House Woods Hole, MA 02543 5. EXCESS FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ <u>191.36</u> | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | 6b. VOUCHER NUMBER | 6c. DATE | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | 7b. INVOICE NUMBER 41 final | | 7c. DATE FORWARDED 19 August 1995 |
| 8. REMARKS <div style="text-align: right;"> <p>\$ 625,377.00 Total amount obligated to Contract</p> <p><u>625,185.64</u> Total amount expended</p> <p>\$ 191.36 Unexpended</p> </div> <p>Excess funds in the amount of \$191.36 remain on the contract. ONR 822 should take action to deobligate these funds.</p> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner ACO | | 9c. SIGNATURE  | 9d. DATE 8/2/96 |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL Dan F. Brinkworth | | 10d. SIGNATURE | 10e. DATE |

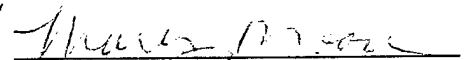
DATE: July 22, 1996

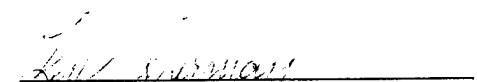
CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-88-K-0273

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$625,185.64 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The obligated amount of subject contract is over \$500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the Contract Audit Closing Statement performed by DCAA, Waltham, Massachusetts branch office dated on 29 November 1995 which is in the file. Final voucher No.41 in the amount of \$2,732.00 was forwarded for processing on 28 February 1988.
2. The subject contract began on 02 February 1988 and was completed on 30 September 1992. The total estimated cost of the contract was \$625,377.00.
3. The contractor has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
4. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.


Mary Moofe
ads Junior Contract Specialist


Ken Sherman
ads Senior Contract Specialist

| State and Form 1034, September 1973 4 Treasury Form 2000 1034-115 | | | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER # 41 FINAL | |
|--|--|--|--|--|--|--|--|--|--|
| DEPT., BUREAU, OR ESTABLISHMENT AND LOCATION | | | | DATE VOUCHER PREPARED | | | | SCHEDULE NO. | |
| DEPARTMENT OF THE NAVY OFFICE OF NAVAL RESEARCH 800 NORTH QUINCY STREET ARLINGTON, VIRGINIA 22217-5000 | | | | 19-Aug-95 | | | | 1 | |
| PAYEE'S NAME AND ADDRESS WOODS HOLE OCEANOGRAPHIC INSTITUTION ACCOUNTS RECEIVABLE CHALLENGER HOUSE WOODS HOLE, MA 02543 | | | | CONTRACT NUMBER AND DATE | | | | PAID BY | |
| | | | | N00014-88-K-0273, FEB. 26, 1988 | | | | | |
| | | | | REQUISITION NUMBER AND DATE | | | | | |
| | | | | | | | | | |
| | | | | DATE INVOICE RECEIVED | | | | | |
| | | | | DISCOUNT TERMS | | | | | |
| | | | | PAYEE'S ACCOUNT NUMBER | | | | | |
| SHIPPED FROM | | | | TO | | | | WEIGHT | |
| | | | | | | | | GOVERNMENT B/L NUMBER | |
| NUMBER AND DATE OF ORDER | | DATE OF DELIVERY OR SERVICE | | ARTICLES OR SERVICES (Enter Description, Item Number of Contract or Federal Supply Schedule, and Other Information Deemed Necessary) | | QUANTITY | | UNIT PRICE | |
| | | | | | | | | COST PER | |
| | | Dec-93 | | FOR DETAILS, SEE ATTACHED FINANCIAL STATUS REPORT, DATED 12/31/93 WORK COMPLETED TO DATE LESS: PREVIOUS INVOICE TOTAL COSTS THIS INVOICE TOTAL FIXED FEE 18,215.00 LESS: PREVIOUSLY INVOICE 15,483.00 TOTAL FEE THIS INVOICE 2,732.00 TOTAL AMOUNT OF THIS INVOICE | | | | | |
| | | | | | | | | 606,970.64 606,970.67 (0.03) 0.00 2,732.00 2,731.97 | |
| | | | | | | | | TOTAL \$2,731.97 | |
| (USE CONTINUATION SHEET(S) IF NECESSARY) | | | | (Payee must NOT use the space below) | | | | | |
| PAYMENT | | APPROVED FOR PROVISIONAL | | EXCHANGE RATE | | DIFFERENCES | | | |
| () PROVISIONAL | | PAYMENT SUBJECT TO LATER AUDIT | | =\$1.00 | | | | | |
| () COMPLETE | | BY: JOHN H. TANNER | | APPROVED Robert H Tanner 8/2/96 | | | | | |
| () PARTIAL | | TITLE DEFENSE CONTRACT AUDIT AGENCY | | ROBERT H. TANNER | | Amount verified correct for | | | |
| () FINAL | | | | ADMINISTRATIVE CONTRACTING OFFICER | | (Signature or initials) | | | |
| () PROGRESS | | | | | | | | | |
| () ADVANCE | | | | | | | | | |
| PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS VOUCHER IS CORRECT AND PROPER FOR PAYMENT | | | | | | | | | |
| (Date) | | (Authorized Certifying Officer) (2) | | | | (Title) | | | |
| ACCOUNTING CLASSIFICATION | | | | | | | | | |
| | | | | | | | | | |
| PAID BY | | CHECK NUMBER ON ACCOUNT T OF U.S. TREASURY | | | | CHECK NUMBER ON (NAME OF BANK) | | | |
| CASH | | S | | | | PAYEE (3) WOODS HOLE OCEANOGRAPHIC INSTITUTION | | | |
| (1) When stated in foreign currency, insert name of currency | | | | | | PER | | | |
| (2) If the ability to certify and authority to approve are combined in one person, one signature only is necessary. otherwise the approving officer will sign in the space provided, over his official title | | | | | | | | | |
| (3) When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. | | | | | | TITLE | | | |
| PRIVACY ACT STATEMENT | | | | | | | | | |
| The information requested on this form is required under the provisions of 32 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation. | | | | | | | | | |

WOODS HOLE OCEANOGRAPHIC INSTITUTION
FINANCIAL STATUS REPORT
PERIOD ENDED 12/31/93

% Time expended 100.0

Project Leader: WATKINS, M. Dept: 01 BIOLOGY

02/26/1988 09/30/1992 09/30/1992

Project 10027300

| Account Name | Budget | Current Month Costs | Year to Date Costs | Inception to Date Costs | Commitments | Available Balance | Percent Xpended |
|------------------------|------------|---------------------|--------------------|-------------------------|-------------|-------------------|-----------------|
| 10 SALARIES - REGULAR | 219,074.00 | 0.00 | 0.00 | 202,590.17 | 0.00 | 16,483.83 | 92.5 |
| 50 FRINGE BENEFITS REG | 88,189.00 | 0.00 | 0.00 | 83,968.90 | 0.00 | 4,220.10 | 95.2 |
| 60 Lab Overhead Regula | 98,390.00 | 0.00 | 0.00 | 107,057.53 | 0.00 | (8,667.53) | 108.5 |
| 00 SHOP SERVICES | 0.00 | 0.00 | 0.00 | 3,020.73 | 0.00 | (3,020.73) | 0.0 |
| 70 TRAVEL - DOMESTIC | 0.00 | 0.00 | 0.00 | 2,511.80 | 0.00 | (2,511.80) | 0.0 |
| 90 EQUIPMENT | 66,537.00 | 0.00 | 0.00 | 45,184.92 | 0.00 | 21,352.08 | 67.9 |
| 10 SUPPLIES | 17,112.00 | 0.00 | 486.00 | 39,941.93 | 0.00 | (22,829.93) | 233.4 |
| 20 BOOKS & PUBLICATION | 0.00 | 0.00 | 0.00 | 569.61 | 0.00 | (569.61) | 0.0 |
| 50 STOCKROOM SUPPLIES | 1,564.00 | 0.00 | 0.00 | 2,563.75 | 0.00 | (999.75) | 163.9 |
| 60 TOOLS | 0.00 | 0.00 | 0.00 | 100.55 | 0.00 | (100.55) | 0.0 |
| 10 OTHER OUTSIDE SERVI | 0.00 | 0.00 | 0.00 | 66.60 | 0.00 | (66.60) | 0.0 |
| 30 REPAIRS & MAINTENAN | 0.00 | 0.00 | 0.00 | 1,759.95 | 0.00 | (1,759.95) | 0.0 |
| 50 MEDICAL | 0.00 | 0.00 | 0.00 | 133.25 | 0.00 | (133.25) | 0.0 |
| 60 COMMUNICATIONS | 1,950.00 | 0.00 | 0.00 | 757.51 | 0.00 | 1,192.49 | 26.3 |
| 70 SHIPPING & POSTAGE | 0.00 | 0.00 | 0.00 | 682.78 | 0.00 | (682.78) | 0.0 |
| 80 OTHER IN-HOUSE SERV | 0.00 | 0.00 | 0.00 | 1,197.20 | 0.00 | (1,197.20) | 0.0 |
| 30 DUPLICATING | 500.00 | (0.99) | 0.51 | 953.92 | 0.00 | (453.92) | 190.8 |
| 60 SUB-CONTRACTS | 31,900.00 | 0.00 | 0.00 | 31,900.00 | 0.00 | 0.00 | 100.0 |
| 50 SUBSISTENCE ALLOWAN | 0.00 | 0.00 | 0.00 | 120.67 | 0.00 | (120.67) | 0.0 |
| 60 Gen & Admin Regular | 81,946.00 | 0.00 | 0.00 | 81,888.87 | 0.00 | 57.13 | 99.9 |
| | 607,162.00 | (0.99) | 486.51 | 606,970.64 | 0.00 | 191.36 | 100.0 |

VANCE PAYMENT POOL CONTRACT

TOTAL COSTS THIS INVOICE
FIXED FEE THIS INVOICE

(0.03)
2,732.00

TOTAL COSTS 606,970.64
TOTAL FEE 18,215.00

TOTAL PV #41 FINAL

2,731.97

TOTAL INVOICED TO DATE 625,185.64

N00014-88-K-0273, FEB 26, 1988

FIXED FEE 607,162.00
18,215.00

AUTH. TOTAL 625,377.00

TOTAL

X 85% = 15,483.00

CONTRACTOR'S RELEASE
CONTRACT NO. N00014-88-K-0273

Pursuant to the terms of Contract No. N00014-88-K-0273 and in consideration of the sum of Six Hundred Twenty-Five Thousand One Hundred Eighty-Five Dollars and Sixty-Four Cents (\$625,185.64) which has been or is to be paid under the said contract to the

Woods Hole Oceanographic Institution (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the **UNITED STATES OF AMERICA** (hereinafter called the Government), does remise, release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:
2. Claims together with reasonable expenses incidental thereto, based upon the liabilities of the contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 9th day of November 19 95.

Woods Hole Oceanographic Institution
(Contractor)

WITNESS

BY [Signature]
TITLE Senior Grants Administrator

NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed.

CERTIFICATE

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing release; Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution; that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

[Signature]
Paul Clemente

(CORPORATE SEAL)
FL 467-37

CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES, CREDITS, AND OTHER AMOUNTS
CONTRACT NO. N00014-88-K-0273

Pursuant to the terms of Contract No. N00014-88-K-0273
and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract
and any assignment thereunder, the Woods Hole Oceanographic Institution
(hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to the **UNITED STATES OF AMERICA**, (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits, and other amounts (including any interest thereon), arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.

2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, and other amounts (including any interest thereon) due or which may become due, and to promptly forward to the Contracting Officer checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.

3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney, or other papers in connection therewith; and to permit the Government to represent him at any hearing, trial or other proceeding, arising out of such claim or suit.

IN WITNESS WHEREOF, this assignment has been executed this 9th day of NOVEMBER 1992.

Woods Hole Oceanographic Institution
(Contractor)

WITNESS

BY [Signature]

TITLE Senior Grants Administrator

NOTE: In case of a corporation, witnesses are not required,
but the following certificate must be completed.


CERTIFICATE

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing assignment; Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution, that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

[Signature]
Paul Clemente

(CORPORATE SEAL)
FL 467-37

CONTRACT COMPLETION STATEMENT

| | | | |
|--|-------------------------------------|---|------------------|
| 1. FROM: (Contract Administration Office) Office of Naval Research Regional Office 536 South Clark street Room 208 Chicago, IL. 60605-1588 | | 2a. PI NUMBER N00014-91-J-1011 2b. LAST MODIFICATION NUMBER A00002 2c. CALL/ORDER NUMBER | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Department of the Navy Office of the Chief of Naval Research 800 North Quincy, Code 1512:SAM Arlington, VA. 22217-5005 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS University of Toledo 2801 W. Bancroft St., Toledo, OH 43606 5. EXCESS FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 0.96 | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | 6b. VOUCHER NUMBER 10 | 6c. DATE 7/21/93 | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARDED | |
| 8. REMARKS <div style="text-align: right;"> <p>\$ 192,795.00 Total amount Obligated to Grant</p> <p><u>192,794.04</u> Total amount billed</p> <p>0.96 Unexpended</p> </div> <p>Excess funds in the amount of \$ 0.96 remain on this grant. Because this amount is less than \$500, it is determined that a modification is not cost effective and will not be executed by this office. However, the appropriate financial office should take action directly to de-obligate the excess amount.</p> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. T. G. ... GORALUNT. SMITH Administrative Contracting Officer | | 9c. SIGNATURE  | 9d. DATE |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.)) | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL Ms. Genesta Belton | | 10d. SIGNATURE | 10e. DATE |

DATE: September 20, 1995

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-91-J-1011

Grantee/Contractor: University of Toledo

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$192,794.04 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. A deobligation in the amount of \$0.96 is to be accomplished with this closeout. Final voucher no. 10 was forwarded for payment on 7/21/93.

2. The subject agreement began on 1 October 1990 and was completed on 30 July 1993. The total estimated cost of the agreement was \$192,795.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor - amounts charges were in agreement with those initally proposed.

(2) Overhead - The grantee charged the correct HHS predetermined on-campus rate.

(3) Fringe Benefits - The grantee charged the correct HHS predetermined on-campus rate.

(4) Expendable Materials & Supplies - The grantee expended whtat was budgeted.

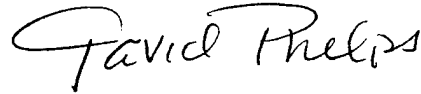
(5) Travel - The grantee expended what was budgeted.

(6) Equipment - No equipment was charged.

(7) Other Direct costs - were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.



David Phelps

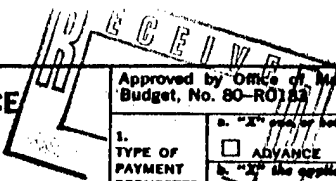
ads Senior Contract Specialist

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)



| | | | | | | | |
|--|--|--|--|---|----------------------|--|--------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Dept. of Navy | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency N00014-91-J-1011 | | CMB Approval No. 0348-0039 | Page 1 | of 1 | pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) The University of Toledo, 2801 W. Bancroft St. Toledo, OH 43606 | | | | | | | |
| 4. Employer Identification Number 34.6401483A | | 5. Recipient Account Number or Identifying Number 249841 | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/90 | | To: (Month, Day, Year) 7/30/93 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/1/90 | | To: (Month, Day, Year) 7/30/93 | |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays | | | | | | 192,794.04 | |
| b. Recipient share of outlays | | | | | | 0 | |
| c. Federal share of outlays | | | | | | 192,794.04 | |
| d. Total unliquidated obligations | | | | | | 0 | |
| e. Recipient share of unliquidated obligations | | | | | | NA | |
| f. Federal share of unliquidated obligations | | | | | | NA | |
| g. Total Federal share (Sum of lines c and f) | | | | | | 192,794.04 | |
| h. Total Federal funds authorized for this funding period | | | | | | 192,795.00 | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | | | .96 | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | | | |
| b. Rate 57.9 - 59% | | c. Base Net Salaries | | d. Total Amount \$ 57,354 | | e. Federal Share \$ 57,534 | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | | |
| Typed or Printed Name and Title Loraine M. Brancatto, Accountant | | | | | | Telephone (Area code, number and extension) (419) 537-2397 | |
| Signature of Authorized Certifying Official | | | | | | Date Report Submitted 9/30/93 | |

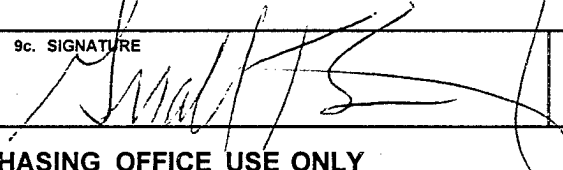
REQUEST FOR ADVANCE OR REIMBURSEMENT



| | | | | |
|---|-----------|---|------------|--|
| Approved by Office of Management and Budget, No. 80-R0122 | | PAGE 1 OF 1 PAGES | | |
| 1. TYPE OF PAYMENT REQUESTED <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> ACCRUAL | | 2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH | | |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. Department of Navy | | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY N00014-91-J-1011 | | |
| 5. EMPLOYER IDENTIFICATION NUMBER 34.6401483A | | 6. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 249841 | | |
| 7. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 4/1/93 TO (month, day, year) 7/30/93 | | 8. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 10 | | |
| 9. RECIPIENT ORGANIZATION Name: The University of Toledo Number and Street: 2801 W. Bancroft St. City, State and ZIP Code: Toledo, Ohio 43606 | | 10. PAYEE (Where check is to be sent is different than item 9) Name: The University of Toledo Attn: Loraine M. Brancatto Number and Street: 2801 W. Bancroft St. City, State and ZIP Code: Toledo, Ohio 43606 | | |
| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | | | |
| PROGRAMS/FUNCTIONS/ACTIVITIES ▶ | (a) | (b) | (c) | TOTAL |
| a. Total program outlays to date (As of date) | \$ | \$ | \$ | \$ 192,794.04 |
| b. Less: Cumulative program income | | | | 0 |
| c. Net program outlays (Line a minus line b) | | | | 192,794.04 |
| d. Estimated net cash outlays for advance period | | | | 0 |
| e. Total (Sum of lines c & d) | | | | 192,794.04 |
| f. Non-Federal share of amount on line e | | | | 0 |
| g. Federal share of amount on line e | | | | 192,794.04 |
| h. Federal payments previously requested | | | 192,794.04 | 173,318.45 |
| i. Federal share now requested (Line g minus line h) | | | 192,794.04 | 19,475.59 |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | |
| | 2nd month | | | |
| | 3rd month | | | |
| 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY | | | | |
| a. Estimated Federal cash outlays that will be made during period covered by the advance | | | | \$ |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | | | | |
| c. Amount requested (Line a minus line b) | | | | \$ |
| 13. CERTIFICATION | | | | |
| I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested. | | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Loraine M. Brancatto | | DATE REQUEST SUBMITTED 7/21/93 |
| | | TYPED OR PRINTED NAME AND TITLE Loraine M. Brancatto, Accountant | | TELEPHONE (AREA CODE, NUMBER, EXTENSION) (419) 537-4000 |

This space for agency use

CONTRACT COMPLETION STATEMENT

| | | | |
|---|--|---|--|
| 1. FROM: (Contract Administration Office) Office of Naval Research Chicago Regional Office Federal Building Room 208 536 South Clark Street Chicago, IL 60605-1588 | | 2a. PI NUMBER N00014-90-J-4000 | |
| | | 2b. LAST MODIFICATION NUMBER P00005 | |
| | | 2c. CALL/ORDER NUMBER | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Department of the Navy Office of the Chief of Naval Research 800 North Quincy Street, Code 1512B:SM Arlington, VA. 22217-5000 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS Univeristy of Pittsburgh Grants and Contracts Administration 350 Thackeray Hall Pittsburgh, PA 15260 | |
| | | 5. EXCESS FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$1,577.97 | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | 6b. VOUCHER NUMBER 12-7852 | 6c. DATE 05/24/94 | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARDED | |
| 8. REMARKS <div style="text-align: right;"> <p>\$ 319,746.00 Total amount Obligated to Grant</p> <p><u>318,168.03</u> Total amount billed</p> <p>1,577.00 Unexpended</p> </div> <p>De-obligation modification No.P00005 accompanies this closeout. The total obligations are reduced by \$1577.97 from \$319,746.00 to \$318,168.03.</p> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Todd A. Frye <i>Gregory T. Smith</i> Administrative Contracting Officer | 9c. SIGNATURE  | 9d. DATE | |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW <i>(Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))</i> | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL Ms. Jane Olmsted | 10d. SIGNATURE | 10e. DATE | |

DATE: October 13, 1995

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-90-J-4000

Grantee/Contractor: University of Pittsburgh

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$318,168.03 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Pittsburgh is an HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final invoice No. 12-7852 in the amount of \$0.00 was forwarded to this office on 05/24/94. De-obligation modification No.P00005 accompanies this close-out. The total obligations are reduced by \$1,577.97 from \$319,746.00 to \$318,168.03.

2. The subject grant began on 1 June 1990 and was completed on 31 May 1993. The total estimated cost of the agreement was \$422,777.00. The total amount obligated was \$319,746.00.

3. The grantee has met all obligations under the referenced grant, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor - Amounts charged were in agreement those initially proposed.

(2) Overhead - Grantee charged below HHS negotiated on-campus rate.

(3) Fringe Benefits - Grantee charged the correct HHS negotiated rate.

(4) Materials/Supplies - Grantee charged what was budgeted.

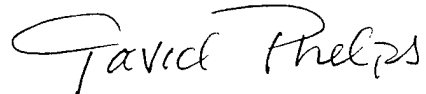
(5) Travel - Travel was at budget and all domestic.

(6) Equipment - Equipment was at budget.

(7) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a grant audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

A handwritten signature in cursive script that reads "David Phelps". The signature is written in dark ink and is positioned above a horizontal line.

David Phelps

ads Senior Contract Specialist

FINANCIAL STATUS REPORT

POSTED

| | |
|---|--|
| 1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED NAVY | 2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER N00014 90 J4000 |
| 3. RECIPIENT ORGANIZATION University of Pittsburgh 3117 Cathedral of Learning Pittsburgh, PA 15260 | 4. EMPLOYER IDENTIFICATION NUMBER 1-25-096-5591 5. RECIPIENT ACCOUNT NUMBER 5-37852 6. FINAL REPORT 7. BASIS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual |

| | |
|---|--|
| 8. PROJECT/GRANT PERIOD FROM(Month,Day,Year) TO(Month,Day,Year) 06/01/90 05/31/93 | 9. PERIOD COVERED BY THIS REPORT FROM(Month,Day,Year) TO(Month,Day,Year) 06/01/90 05/31/93 |
|---|--|

10. STATUS OF FUNDS

| | |
|--|------------|
| a. Net outlays previously reported | 0.00 |
| b. Total outlays this report period | 318,168.03 |
| c. Less: Program income credits | 0.00 |
| d. Net outlays this report period | 318,168.03 |
| e. Net outlays to date | 318,168.03 |
| f. Less: Non-Federal share of outlays | 0.00 |
| g. Total Federal share of outlays | 318,168.03 |
| h. Total unliquidated obligations | 0.00 |
| i. Less: Non-Federal share of unliquidated obligations | 0.00 |
| j. Federal share of unliquidated obligations | 0.00 |
| k. Total Federal share of outlays & unliquidated obligations | 318,168.03 |
| l. Total cumulative amount of Federal funds authorized | 422,777.00 |
| m. Unobligated balance of Federal funds | 104,608.97 |

| | | |
|--|--------------|------------|
| | R. B. | 0.00 |
| | D.C./I.C. ** | 104,608.97 |

11. INDIRECT EXPENSE TYPE OF RATE = PREDETERMINED

| RATE | BASE | CURRENT AMOUNT | CUMULATIVE AMOUNT | FEDERAL SHARE |
|-------|------------|----------------|-------------------|---------------|
| 43.0% | 159,005.21 | 68,372.24 | 68,372.24 | |
| 0.0% | 0.00 | 0.00 | 68,372.24 | |
| 0.0% | 0.00 | 0.00 | 68,372.24 | |
| 0.0% | 0.00 | 0.00 | 68,372.24 | 68,372.24 |

12. REMARKS

13. CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



Caroline Correa, Assistant Controller

8/30/93

DATE

(412)-624-6040

TELEPHONE

KAK 5-37852

Distribution: Copy 1 - Official Grant File
Copy 2 - Grants Section, FAAB
Copy 3 - Grantee

STANDARD FORM 269
Prescribed by Office of Management and
Budget Cir. No. A-110

MAY 31 1994

Approved by Office of Management and
Budget, No. 80-R0183

PAGE 1 OF 1

1. TYPE OF PAYMENT REQUESTED

a. "X" one, or both boxes:
ADVANCE X REIMBURSE-
MENT

2. BASIS OF REQUEST

x CASH

b. "X" the applicable box

X FINAL PARTIAL

ACCURAL

REQUEST FOR ADVANCE
OR REIMBURSEMENT3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO
WHICH THIS FUNDING IS SUBMITTED
OFFICE OF NAVY RESEARCH6. EMPLOYER IDENTIFICATION
NUMBER

1-250965591-A1

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

5-37852

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY
N00014-90-J-40005. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

12 - 7852

9. RECIPIENT ORGANIZATION

NAME: UNIVERSITY OF PITTSBURGH

NUMBER

AND STREET: 3117 CATHEDRAL OF LEARNING

CITY, STATE

and ZIP CODE: PITTSBURGH, PA 15260

8. PERIOD COVERED BY THIS REQUEST

FROM (month,day,year)
02/01/93TO (month,day,year)
05/31/9310. PAYEE (Where check is to be sent if different than item 9)
NAME:

UNIVERSITY OF PITTSBURGH

NUMBER

AND STREET:

P.O. BOX 371220

CITY, STATE

and ZIP CODE: PITTSBURGH, PA 15251-7220

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES >

(a)

(b)

TOTAL

a. Total program (As of date)
outlays to date

05/31/93

\$318,168.03

\$318,168.03

b. Less: Cumulative program income

0.00

0.00

c. Net program outlays (Line a
minus line b)

318,168.03

318,168.03

d. Estimated net cash outlays
for advance period

0.00

0.00

e. Total (Sum of lines c & d)

318,168.03

318,168.03

f. Non-Federal share of amount
on line e

0.00

0.00

g. Federal share of amount on
line e

318,168.03

318,168.03

h. Federal payments previously
requested

318,168.03

318,168.03

i. Federal share now requested
(Line g minus line h)

\$0.00

\$0.00

j. Advances required by month
when requested by Federal
grantor agency for use in
making prescheduled advances

1st Month

-0-

2nd Month

-0-

3rd Month

-0-

12.

ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance

\$0.00

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

0.00

c. Amount requested (Line a minus line b)

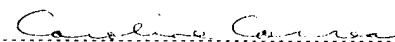
\$0.00

13.

CERTIFICATION

I certify that to the best of
my knowledge and belief the
data above are correct and
that all outlays were made in
accordance with the grant
conditions or other agreement
and that payment is due and has
not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

CAROLINE CORREA
ASSISTANT CONTROLLERDATE REQUEST
SUBMITTED

5/24/94

TELEPHONE (AREA CODE, NUMBER
EXTENSION)

(412) 624-6040

This space for agency use

KMC/5-37852

CONTRACT COMPLETION STATEMENT

1. FROM: (Contract Administration Office)

Office of Naval Research
Regional Office
495 Summer Street, Room 103
Boston, MA 02210-2109

2a. PI NUMBER

N00014-89-J-1161

2b. LAST MODIFICATION NUMBER

P00004

2c. CALL/ORDER NUMBER

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Department of the Navy
Office of the Chief of Naval Research
800 North Quincy Street
Arlington, VA 22217-5000

4. CONTRACTOR IDENTITY CODE AND ADDRESS

Woods Hole Oceanographic Institution
Challenger House
Woods Hole, MA 02543

5. EXCESS FUNDS ☒ YES ☐ NO
\$ 160.79

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS

\$ 205,879.00 Total amount obligated to Grant
205,718.21 Total amount expended
\$ 160.79 Unexpended

Final voucher No. 8 in the amount of (\$160.79), dated 11 April 1996, along with the a copy of a refund check No. 258383 in the amount of \$160.79, dated 15 May 1996 has been processed and is in the file. Excess funds in the amount of \$160.79 remain on this grant. The Office of Naval Research should take action to deobligate this amount.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL

Mr. Robert Tanner
ACO

9c. SIGNATURE

Robert H Tanner

9d. DATE

8/2/96

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL

Dan F. Brinkworth

10d. SIGNATURE

10e. DATE

DATE: June 26, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-89-J-1161

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$205,718.21 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final voucher No. 8 in the amount of (\$160.79), dated 11 April 1996, along with a copy of a refund check No. 258383 in the amount of \$160.79, dated 15 May 1996, has been processed and is in the file. Excess funds in the amount of \$160.79, remain on this grant. The Office of Naval Research should take action to deobligate this amount.

2. The subject grant began on 1 October 1988 and was completed on 31 December 1991. The total estimated cost of the grant was \$205,879.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor- Amounts charged were in agreement with those initially proposed.

(2) Overhead - Grantee charged the correct ONR negotiated laboratory rate.

(3) Fringe Benefits - Grantee charged the correct ONR negotiated rates.

(4) Materials/Supplies - Grantee has charged what was budgeted.

(5) Travel - Travel was at budget and all domestic.

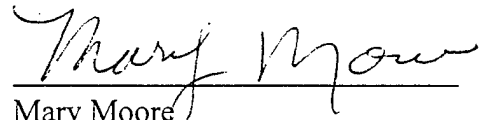
(6) Equipment - Equipment was charged at budget.

(7) Other Direct Costs - Were reasonable and accepted.

(8) General & Administration - Grantee charged the correct ONR negotiated rate.

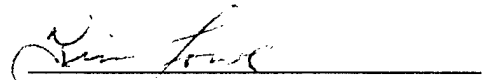
In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.



Mary Moore

ads Junior Contract Specialist



Tim Lowe

ads Project Manager

FINANCIAL STATUS REPORT
(Short Form)

| | | | | | | |
|---|--|--|--|---|----------------------|---|
| 1. Federal Agency and Organizational Element to Which Report is submitted <p align="center">OFFICE OF NAVAL RESEARCH</p> | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p align="center">N00014-89-J-1161</p> | | OMB Approval No. 0348-49039 | Page 1 | of 1 pages |
| 3. Recipient Organization (Name and complete address, including Zip Code) WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD WOODS HOLE, MA 02543-1056 | | | | | | |
| 4. Employer Identification Number <p align="center">04-2105850</p> | | 5. Recipient Account Number or Identifying Number <p align="center">131161SP</p> | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <p align="center">10/01/88</p> | | To: (Month, Day, Year) <p align="center">12/31/91</p> | | 9. Period Covered by this Report From: (Month, Day, Year) <p align="center">10/01/88</p> | | To: (Month, Day, Year) <p align="center">12/31/91</p> |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative |
| a. Total Outlays | | | | 0.00 | 205,718.21 | 205,718.21 |
| b. Recipient share of outlays | | | | 0.00 | 0.00 | 0.00 |
| c. Federal share of outlays | | | | 0.00 | 205,718.21 | 205,718.21 |
| d. Total unliquidated obligations | | | | | | 0.00 |
| e. Recipient share of unliquidated obligations | | | | | | 0.00 |
| f. Federal share of unliquidated obligations | | | | | | 0.00 |
| g. Total Federal share (Sum of lines c and f) | | | | | | 205,718.21 |
| h. Total Federal funds authorized for this funding period | | | | | | 205,879.00 |
| i. Unobligated balance of Federal funds (Line h minus g) | | | | | | 160.79 |
| 11. Indirect Expense | | | | | | |
| a. Type of Rate (Place "X" in appropriate box) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed </div> | | | | | | |
| b. Rate See Attached | | c. Base \$90,654 | | d. Total Amount \$59,221 | | e. Federal Share \$59,221 |
| 12. Remarks: <i>Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i> | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title <p align="center">R. David Rudden Assistant Controller</p> | | | | Telephone (Area code, number and extension) <p align="center">(508) 289-2363</p> | | |
| Signature of Authorized Certifying Official | | | | Date Report Submitted <p align="center" style="font-size: 1.2em;">5/10/96</p> | | |

11. INDIRECT EXPENSE: N00014-89-J-1161

| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
|--------------------------|---------|-------------|-----------------|------------------|
| FY 1991 | | | | |
| Laboratory Overhead | 40.50% | 29,676.08 | 12,019.00 | 12,019.00 |
| General & Administrative | 28.60% | 29,676.08 | 8,487.00 | 8,487.00 |
| FY 1990 | | | | |
| Laboratory Overhead | 38.80% | 28,283.94 | 10,974.00 | 10,974.00 |
| General & Administrative | 29.40% | 28,283.94 | 8,315.00 | 8,315.00 |
| FY 1989 | | | | |
| Laboratory Overhead | 33.00% | 25,192.39 | 8,313.00 | 8,313.00 |
| General & Administrative | 26.90% | 25,192.39 | 6,777.00 | 6,777.00 |
| FY 1988 | | | | |
| Laboratory Overhead | 31.30% | 7,501.51 | 2,348.00 | 2,348.00 |
| General & Administrative | 26.50% | 7,501.51 | 1,988.00 | 1,988.00 |
| TOTAL | | \$90,653.92 | \$59,221.00 | \$59,221.00 |

WOODS HOLE OCEANOGRAPHIC INSTITUTION

Financial Status Report
Job SummaryFor the period ended
12/31/92

Page 1

131161SP (02) PHOTO-OXIDATION-CHLOROPHYL

| | Budget | Current Month Costs | Year to Date Costs | Inception to Date Costs |
|-------------------------------------|------------|---------------------------|--------------------------|-------------------------------|
| Salaries - Regular | 63,823.52 | | 63,823.52 | 63,823.52 |
| 5050 Fringe Benefits Regular | 26,830.40 | | 26,830.40 | 26,830.40 |
| 5060 Lab Overhead Regular App | 33,654.47 | | 33,654.47 | 33,654.47 |
| 5170 Travel - Domestic | 1,100.98 | | 1,100.98 | 1,100.98 |
| 5210 Supplies | 22,774.72 | | 22,774.72 | 22,774.72 |
| 5250 Stockroom Supplies | 411.01 | | 411.01 | 411.01 |
| 5260 Tools | 3.56 | | 3.56 | 3.56 |
| 5310 Other Outside Services | 72.20 | | 72.20 | 72.20 |
| 5330 Repairs & Maintenance | 4,418.60 | | 4,418.60 | 4,418.60 |
| 5340 Outside EDP Services | 40.27 | | 40.27 | 40.27 |
| 5360 Communications | 1,325.86 | | 1,325.86 | 1,325.86 |
| 5370 Shipping & Postage | 394.55 | | 394.55 | 394.55 |
| 5389 Miscellaneous In-house Service | 6,277.20 | | 6,277.20 | 6,277.20 |
| 5430 Duplicating | 283.23 | | 283.23 | 283.23 |
| 5480 Equipment Rental | 512.90 | | 512.90 | 512.90 |
| 5560 GFA Charges | 18,227.22 | | 18,227.22 | 18,227.22 |
| 5560 G & A Regular App | 25,567.52 | | 25,567.52 | 25,567.52 |
| TOTAL FOR 131161SP | 205,718.21 | | 205,718.21 | 205,718.21 |

Time 10:51 AM Date 04/11/96

REQUEST FOR ADVANCE
OR REIMBURSEMENT

Approved by Office of Management
and Budget, No. 80-RO183

PAGE 1 OF 1
PAGES

1. TYPE OF PAYMENT REQUESTED
a. "X" one, or both boxes
[x] ADVANCE [] REIMBURSE
b. "X" the applicable box
[X] FINAL [] PARTIAL

2. BASIS OF REQUEST
[x] CASH
[] ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DEPARTMENT OF THE NAVY

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
N00014-89-J-1161

5. PARTIAL PAYMENT REQUEST NUMBER OF THIS REQUEST
8 FINAL

6. EMPLOYER I.D. NUMBER
04-2105850

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NO.
131161

8. PERIOD COVERED BY THIS REQUEST
FROM 10/01/88 TO 12/31/91

9. RECIPIENT ORGANIZATION
WOODS HOLE OCEANOGRAPHIC INSTITUTION
CHALLENGER HOUSE
WOODS HOLE, MA 02543

10. PAYEE
S A M E

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) | (b) | (c) | TOTAL |
|---|-----------|-----|-----|----------------------------|
| | \$ | \$ | \$ | \$ |
| a. Total program outlays to date (As of date) | | | | 205,718.21 |
| b. Less : Cumulative program income | | | | |
| c. Net program outlays (Line a minus line b) | | | | 205,718.21 |
| d. Estimated net cash outlays for advance period | | | | 0.00 |
| e. Total (Sum of lines c & d) | | | | 205,718.21 |
| f. Non-Federal share of amount on line e | | | | |
| g. Federal share of amount on line e | | | | 205,718.21 |
| h. Federal payments previously requested | | | | 205,879.00 |
| i. Federal share now requested (Line g minus line h) | | | | CHECK ATTACHED (160.79) |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | |
| | 2nd month | | | |
| | 3rd month | | | |

ALTERNATE COMPUTATION FOR ADVANCES ONLY

| | |
|--|----|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ |
| b. Less : Estimated balance of Federal cash on hand as of beginning of advance period | \$ |
| c. Amount requested (Line a minus line b) | \$ |

CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Jane Harrington

TYPED OR PRINTED NAME AND TITLE

JANE HARRINGTON
ACCOUNTS RECEIVABLE

DATE REQUEST
SUBMITTED

11-Apr-96

TELEPHONE (AREA CODE,
NUMBER, EXTENSION)
508-548-1400 ext 2462

This space for agency use



WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE, MA 02543

Bank of Boston (Maine), N.A.
Soc. Portland, ME 52-153
112

Check Date

Check No.

05/15/96

258383

Check Amount

160.79

PAY ONE Hundred SIXTY Dollars and SEVENTY NINE Cents

TO THE ORDER OF Office Of Naval Research
495 Summer St Rm103
ONR Draper
Boston, MA 02210-2109

VOID AFTER 90 DAYS

Maurice Haynes
Authorized Signature

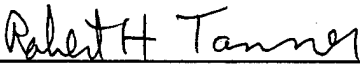
⑈258383⑈ ⑆011201539⑆ 80 018 971⑈

| INVOICE/REFERENCE | | WHOI REFERENCE NO. | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|-------------------|----------|--------------------------|-----------------|----------|---------------|
| Number/Comment | Date | | | | |
| N00014-89-J-1161 | 05/13/96 | | 160.79 | 0.00 | 160.79 |
| TOTALS | | | 160.79 | | |

| CHECK NO. | PAYEE |
|-----------|----------|
| 258383 | 00007289 |

ANY QUESTION, PLEASE CALL (508) 457-2000 EXT. 3249

CONTRACT COMPLETION STATEMENT

| | | | |
|---|--|--|--|
| 1. FROM: (Contract Administration Office) Office of Naval Research Regional Office 495 Summer Street, Room 103 Boston, MA 02210-2109 | | 2a. PI NUMBER N00014-91-J-4125 | |
| | | 2b. LAST MODIFICATION NUMBER A00001 | |
| | | 2c. CALL/ORDER NUMBER | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Department of Naval Research Office of the Chief of Naval Research 800 North Quincy Street Arlington, VA 22217-5660 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS Woods Hole Oceanographic Institution 569 Woods Hole Road Woods Hole, MA 02543-1056 | |
| | | 5. EXCESS FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>\$ 2,550.07</u> | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | 6b. VOUCHER NUMBER 8 | 6c. DATE 04/10/96 | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARDED | |
| 8. REMARKS <div style="text-align: right;"> \$ 263,128.00 Total amount obligated to grant <u>260,577.93</u> Total amount expended \$ 2,550.07 Unexpended </div> <i>Final voucher No. 8 in the amount of (\$2,550.07), dated 10 April 1996, along with a copy of a refund check No. 258997 in the amount \$2,550.07 is in the file. Excess funds in the amount of \$2,550.07, remain on this grant. The Office of Nava Research should take action to deobligate this amount.</i> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Robert Tanner ACO | 9c. SIGNATURE  | 9d. DATE 8/2/96 | |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW <i>(Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))</i> | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL Eillen Tarantino | 10d. SIGNATURE | 10e. DATE | |

DATE: June 26, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-91-J-4125

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$260,577.93 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The obligated amount is less than \$500,000.00. The basis for accepting costs is the desk review as explained in paragraph 4 below. Final voucher No. 8 in the amount of (\$2,550.07), dated 10 April 1996, along with a copy of a refund check no.258997 in the amount of \$2,550.07 is in the file. Excess funds in the amount of \$2,550.07, remain on this grant. The Office of Naval Research should take action to deobligate this amount.
2. The subject grant began on 15 August 1991 and was completed on 30 September 1994. The total estimated cost of the agreement was \$263,128.00
3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
4. Total costs billed have been reviewed and the following observations and findings resulted:
 - a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
 - b. Specific finding, with regard to the individual cost elements, are as follows:
 - (1) Direct Labor - Amounts charged were in agreement with those initially proposed.
 - (2) Overhead - Grantee charged the correct ONR negotiated on-campus rate.
 - (3) Materials/Supplies - Grantee has charged what was budgeted.
 - (4) Travel - Travel was under budget for domestic and foreign.
 - (5) Equipment - Equipment was charged, however was below budget.

(6) Other Direct Costs - Were reasonable and accepted.

(7) General & Administration - Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.



Mary Moore
ads Junior Contract Analyst



Tim Lowe
ads Closeout Project Manager

FINANCIAL STATUS REPORT
(Short Form)

| | | | | |
|---|---|-----------------|------|---------|
| 1. Federal Agency and Organizational Element to Which Report is submitted | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency | OMB Approval No | Page | of |
| OFFICE OF NAVAL RESEARCH | N00014-91-J-4125 | 0348-0039 | 1 | 1 pages |

3. Recipient Organization (Name and complete address, including Zip Code)

WOODS HOLE OCEANOGRAPHIC INSTITUTION
GENERAL ACCOUNTING
569 WOODS HOLE ROAD
WOODS HOLE, MA 02543-1056

| | | | |
|-----------------------------------|---|---|---|
| 4. Employer Identification Number | 5. Recipient Account Number or Identifying Number | 6. Final Report | 7. Basis |
| 04-2105850 | 134125SP | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |

| | | | |
|--|------------------------|--|------------------------|
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) | To: (Month, Day, Year) | 9. Period Covered by this Report From: (Month, Day, Year) | To: (Month, Day, Year) |
| 08/15/91 | 09/30/94 | 08/15/91 | 09/30/94 |

| | | | |
|-------------------|-----------------------------|----------------------|-------------------|
| 10. Transactions: | I Previously Reported | II This Period | III Cumulative |
|-------------------|-----------------------------|----------------------|-------------------|

| | | | |
|---|------|------------|------------|
| a. Total Outlays | 0.00 | 260,577.93 | 260,577.93 |
| b. Recipient share of outlays | 0.00 | 0.00 | 0.00 |
| c. Federal share of outlays | 0.00 | 260,577.93 | 260,577.93 |
| d. Total unliquidated obligations | | | 0.00 |
| e. Recipient share of unliquidated obligations | | | 0.00 |
| f. Federal share of unliquidated obligations | | | 0.00 |
| g. Total Federal share (Sum of lines c and f) | | | 260,577.93 |
| h. Total Federal funds authorized for this funding period | | | 263,128.00 |
| i. Unobligated balance of Federal funds (Line h minus g) | | | 2,550.07 |

| | | | | |
|----------------------|--|-----------|-----------------|------------------|
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) | | | |
| | <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| | See Attached | \$133,223 | \$94,394 | \$94,394 |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

| | |
|---|---|
| Typed or Printed Name and Title | Telephone (Area code, number and extension) |
| R. David Rudden Assistant Controller | (508) 289-2363 |

Signature of Authorized Certifying Official

R. David Rudden

Date Report Submitted

5/21/96

| 11. INDIRECT EXPENSE: | | N00014-91-J-4125 | | |
|--------------------------|---------|------------------|-----------------|------------------|
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| FY 1993 | | | | |
| Laboratory Overhead | 37.90% | 44,450.24 | 16,847.00 | 16,847.00 |
| General & Administrative | 32.00% | 44,450.24 | 14,224.00 | 14,224.00 |
| FY 1992 | | | | |
| Laboratory Overhead | 42.10% | 63,909.97 | 26,906.00 | 26,906.00 |
| General & Administrative | 30.10% | 63,909.97 | 19,237.00 | 19,237.00 |
| FY 1991 | | | | |
| Laboratory Overhead | 40.50% | 24,862.44 | 10,069.00 | 10,069.00 |
| General & Administrative | 28.60% | 24,862.44 | 7,111.00 | 7,111.00 |
| TOTAL | | \$133,222.65 | \$94,394.00 | \$94,394.00 |

REQUEST FOR ADVANCE
OR REIMBURSEMENTApproved by Office of Management
and Budget, No. 80-RO183PAGE 1 OF 1
PAGESa. "X" one, or both boxes
TYPE OF PAYMENT REQUESTED
[X] ADVANCE [X] REIMBURSE
b. "X" the applicable box
[X] FINAL [] PARTIALBASIS OF REQUEST
[X] CASH
[] ACCRUAL3. FEDERAL SPONSORING AGENCY AND
ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED
DEPARTMENT OF THE NAVY4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY
N00014-91-J-41255. PARTIAL PAYMENT REQUEST
NUMBER OF THIS REQUEST
8 FINAL6. EMPLOYER I.D.
NUMBER

04-2105850

7. RECIPIENT'S ACCOUNT NO.
OR IDENTIFYING NO.

134125

8. PERIOD COVERED BY THIS REQUEST
FROM TO

08/15/91

09/30/94

9. RECIPIENT ORGANIZATION

WOODS HOLE OCEANOGRAPHIC INSTITUTION
CHALLENGER HOUSE
WOODS HOLE, MA 02543

10. PAYEE

S A M E

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) | (b) | (c) | TOTAL |
|--|-----------|-----|-----|------------------------------|
| | \$ | \$ | \$ | \$ |
| (As of date) | | | | |
| a. Total program outlays to date | | | | 260,577.93 |
| b. Less : Cumulative program income | | | | |
| c. Net program outlays (Line a minus line b) | | | | 260,577.93 |
| d. Estimated net cash outlays for advance period | | | | 0.00 |
| e. Total (Sum of lines c & d) | | | | 260,577.93 |
| f. Non-Federal share of amount on line e | | | | |
| g. Federal share of amount on line e | | | | 260,577.93 |
| h. Federal payments previously requested | | | | 263,128.00 |
| i. Federal share now requested (Line g minus line h) | | | | CHECK ATTACHED (2,550.07) |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | |
| | 2nd month | | | |
| | 3rd month | | | |

ALTERNATE COMPUTATION FOR ADVANCES ONLY

| | |
|--|----|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ |
| b. Less : Estimated balance of Federal cash on hand as of beginning of advance period | \$ |
| c. Amount requested (Line a minus line b) | \$ |

CERTIFICATION

I certify that to the best of my knowledge
and belief the data above are correct and
that all outlays were made in accordance
with the grant conditions or other
agreement and that payment is due and
has not been previously requested

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

MAURICE J. TAVARES

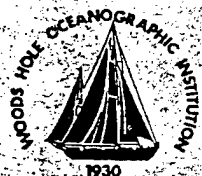
SPONSORED PROGRAMS ADMINISTRATOR

DATE REQUEST
SUBMITTED

10-Apr-96

TELEPHONE (AREA CODE,
NUMBER, EXTENSION)
508-548-1400 ext 2462

This space for agency use



WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE, MA 02543

Bank of Boston (Maine), N.A.
South Portland, ME 04106
52-153
112

Check Date 05/29/96
Check No. 258997

PAY TWO Thousand FIVE Hundred FIFTY Dollars and SEVEN Cents

Check Amount
2,550.07

TO THE ORDER OF
Office Of Naval Research
495 Summer St Rm103
ONR Draper
Boston, MA 02210-2109

Maureen Haynes
Authorized Signature

VOID AFTER 90 DAYS

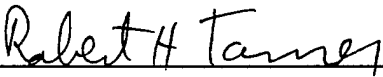
⑈258997⑈ ⑆011201539⑆ 80 018 971⑈

| INVOICE/REFERENCE | | WHOI REFERENCE NO. | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|-------------------|----------|--------------------------|-----------------|----------|---------------|
| Number/Comment | Date | | | | |
| N00014-91-J-4125 | 05/28/96 | | 2,550.07 | 0.00 | 2,550.07 |
| TOTALS | | | 2,550.07 | | |

| CHECK NO. | PAYEE |
|-----------|----------|
| 258997 | 00007289 |

ANY QUESTION, PLEASE CALL (508) 457-2000 EXT. 3249

CONTRACT COMPLETION STATEMENT

| | | | |
|---|--|--|--|
| 1. FROM: (Contract Administration Office) Office of Naval Research Boston Regional Office 495 Summer Street, Rm 103 Boston, MA 02210-2109 | | 2a. PI NUMBER N00014-89-J-1520 2b. LAST MODIFICATION NUMBER P00002 2c. CALL/ORDER NUMBER | |
| 2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known) Department of Naval Research Office of the Chief of Naval Research 800 North Quincy Street Arlington, VA 22217-5660 | | 4. CONTRACTOR IDENTITY CODE AND ADDRESS Woods Hole Oceanographic Institution Challenger House Woods Hole, MA 02543 5. EXCESS FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ <u>187.00</u> | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c. | 6b. VOUCHER NUMBER 9 final | 6c. DATE 17 June 1996 | |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c. | 7b. INVOICE NUMBER | 7c. DATE FORWARDED | |
| 8. REMARKS <div style="text-align: right; margin-right: 100px;"> \$ 383,956.00 <i>Total amount obligated to grant</i> \$ 383,769.00 <i>Total amount billed</i> \$ 187.00 <i>Unexpended</i> </div> <p>The grantee did not use all program funds. The grantee refunded the government for the unexpended balance by check No. 259565, dated 07, June 1996, in the amount of \$187.00. Excess funds in the amount of \$187.00 remain on this grant. ONR 822 should take action to delobligate these funds.</p> | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT. | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL Robert Tanner ACO | 9c. SIGNATURE  | 9d. DATE 8/2/96 | |
| FOR PURCHASING OFFICE USE ONLY | | | |
| 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF: <input type="checkbox"/> DATE SHOWN IN ITEM 9d ABOVE <input type="checkbox"/> DATE SHOWN IN ITEM 10e BELOW <i>(Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))</i> | | | |
| 10b. REMARKS | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL Darlene L. Miles | 10d. SIGNATURE | 10e. DATE | |

DATE: July 15, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-89-J-1520

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$383,769.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. The grantee did not use all program funds. The grantee refunded the government for the unexpended balance by check No. 259565, dated 07, June 1996, in the amount of \$187.00. The final SF270 No. 9 in the amount of \$187.00 was forwarded for processing on 17 June 1996. Excess funds in the amount of \$187.00 remain on this grant. ONR 822 should take action to delobligate these funds.

2. The subject grant began on 1 November 1988 and was completed on 31 December 1990. The total estimated cost of the grant was \$383,956.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The ONR accepted A-122-A88, OMB audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor - Amounts charged were in agreement with those initially proposed.

(2) Overhead - Grantee charged the correct ONR negotiated on-campus rate.

(3) Fringe Benefits - Grantee charged the correct negotiated rates.

(4) Materials/Supplies - Grantee charged what was budgeted.

(5) Travel - Travel was at budget and all domestic.

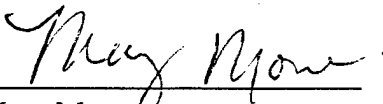
(6) Equipment - No equipment was charged.

(7) Other Direct Costs - Were reasonable and accepted.

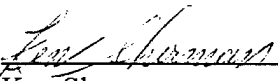
(8) General & Administration - Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

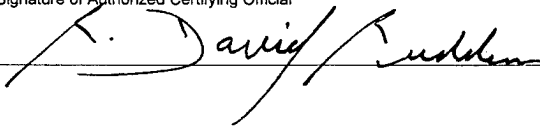


Mary Moore
ads Junior Contract Specialist



Ken Sherman
ads Senior Contract Specialist

FINANCIAL STATUS REPORT
(Short Form)

| | | | | | | |
|---|--|--|--|--|----------------------|---|
| 1. Federal Agency and Organizational Element to Which Report is submitted OFFICE OF NAVAL RESEARCH | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency N00014-89-J-1520 | | OMB Approval No. 0348-0039 | Page 1 | of 1 pages |
| 3. Recipient Organization (Name and complete address, including Zip Code) WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD WOODS HOLE, MA 02543-1056 | | | | | | |
| 4. Employer Identification Number 04-2105850 | | 5. Recipient Account Number or Identifying Number 131520SP | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/88 | | 9. Period Covered by this Report From: (Month, Day, Year) 12/31/90 | | To: (Month, Day, Year) 10/01/88 | | To: (Month, Day, Year) 12/31/90 REVISED |
| 10. Transactions: | | | | I Previously Reported | II This Period | III Cumulative |
| a. Total Outlays | | | | 0.00 | 383,769.00 | 383,769.00 |
| b. Recipient share of outlays | | | | 0.00 | 0.00 | 0.00 |
| c. Federal share of outlays | | | | 0.00 | 383,769.00 | 383,769.00 |
| d. Total unliquidated obligations | | | | | | 0.00 |
| e. Recipient share of unliquidated obligations | | | | | | 0.00 |
| f. Federal share of unliquidated obligations | | | | | | 0.00 |
| g. Total Federal share (Sum of lines c and f) | | | | | | 383,769.00 |
| h. Total Federal funds authorized for this funding period | | | | | | 383,956.00 |
| i. Unobligated balance of Federal funds (Line h minus g) | | | | | | 187.00 |
| 11. Indirect Expense | | | | | | |
| a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed | | | | | | |
| b. Rate See Attached | | c. Base \$44,856 | | d. Total Amount \$28,425 | | e. Federal Share \$28,425 |
| 12. Remarks: <i>Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i> | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title R. David Rudden Assistant Controller | | | | Telephone (Area code, number and extension) (508) 289-2363 | | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted 6/3/96 | | |

| 11. | | INDIRECT EXPENSE: | | N00014-89-J-1520 | |
|--------------------------|--|-------------------|--------------------|--------------------|--------------------|
| | | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| FY 1990 | | | | | |
| Laboratory Overhead | | 38.80% | 18,776.75 | 7,285.00 | 7,285.00 |
| General & Administrative | | 29.40% | 18,776.75 | 5,520.00 | 5,520.00 |
| FY 1989 | | | | | |
| Laboratory Overhead | | 33.00% | 26,076.38 | 8,605.00 | 8,605.00 |
| General & Administrative | | 26.90% | 26,076.38 | 7,015.00 | 7,015.00 |
| FY 1988 | | | | | |
| Laboratory Overhead | | 31.30% | 0.00 | 0.00 | 0.00 |
| General & Administrative | | 26.50% | 0.00 | 0.00 | 0.00 |
| TOTAL | | | <u>\$44,853.13</u> | <u>\$28,425.00</u> | <u>\$28,425.00</u> |

REQUEST FOR ADVANCE OR REIMBURSEMENT

Approved by Office of Management
and Budget, No. 80-RO183

3E OF
1 | 1 PAGES

1. TYPE OF PAYMENT REQUESTED
a. "X" one, or both boxes
[X] ADVANCE [X] REIMBURSE
b. "X" the applicable box
[X] FINAL [] PARTIAL

2. BASIS OF REQUEST
[X] CASH
[] ACCRUAL

3. FEDERAL SPONSORING AGENCY AND
ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED
DEPARTMENT OF THE NAVY

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY
N00014-89-J-1520

5. PARTIAL PAYMENT REQUEST
NUMBER OF THIS REQUEST
9 FINAL-REVISED

6. EMPLOYER I.D.
NUMBER
04-2105850

7. RECIPIENT'S ACCOUNT NO.
OR IDENTIFYING NO.
13152000

8. PERIOD COVERED BY THIS REQUEST
FROM 11/01/88 TO 12/31/90

9. RECIPIENT ORGANIZATION

10. PAYEE

**WOODS HOLE OCEANOGRAPHIC INSTITUTION
CHALLENGER HOUSE
WOODS HOLE, MA 02543**

SAME

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) \$ | (b) \$ | (c) \$ | TOTAL \$ |
|--|-----------|-----------|-----------|-------------------|
| (As of date) | | | | |
| a. Total program outlays to date | | | | 383,769.00 |
| b. Less : Cumulative program income | | | | |
| c. Net program outlays (Line a minus line b) | | | | 383,769.00 |
| d. Estimated net cash outlays for advance period | | | | 0.00 |
| e. Total (Sum of lines c & d) | | | | 383,769.00 |
| f. Non-Federal share of amount on line e | | | | |
| g. Federal share of amount on line e | | | | 383,769.00 |
| h. Federal payments previously requested | | | | 383,956.00 |
| i. Federal share now requested (Line g minus line h) | | | | (187.00) |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | |
| | 2nd month | | | |
| | 3rd month | | | |

ALTERNATE COMPUTATION FOR ADVANCES ONLY

| | |
|--|----|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ |
| b. Less : Estimated balance of Federal cash on hand as of beginning of advance period | \$ |
| c. Amount requested (Line a minus line b) | \$ |

CERTIFICATION

I certify that to the best of my knowledge
and belief the data above are correct and
that all outlays were made in accordance
with the grant conditions or other
agreement and that payment is due and
has not been previously requested

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Jane Harrington
TYPED OR PRINTED NAME AND TITLE
JANE HARRINGTON
ACCOUNTS RECEIVABLE

DATE REQUEST
SUBMITTED

17-Jun-96

TELEPHONE (AREA CODE,
NUMBER, EXTENSION)
508-548-1400 ext 2385

This space for agency use



WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE, MA 02543

Bank of Boston (Maine), N.A.
Scituate, Portland, ME 04112

Check Date

Check No.

06/07/96

259565

PAY ONE Hundred EIGHTY SEVEN Dollars and ZERO Cents

Check Amount

187.00

TO THE
ORDER
OF

Office Of Naval Research
495 Summer St Rm103
ONR Draper
Boston MA 02210-2109

Maurice Haynes
Authorized Signature

VOID AFTER 90 DAYS

⑈259565⑈ ⑆011201539⑆ 80 018 971⑈

| INVOICE/REFERENCE | | WHOI REFERENCE NO. | GROSS AMOUNT | DISCOUNT | NET AMOUNT |
|-------------------|----------|--------------------------|-----------------|----------|---------------|
| Number/Comment | Date | | | | |
| N00014-89-J-1520 | 06/06/96 | | 187.00 | 0.00 | 187.00 |
| TOTALS | | | | | 187.00 |

| CHECK NO. | PAYEE |
|-----------|----------|
| 259565 | 00007289 |

ANY QUESTION, PLEASE CALL (508) 289-2371

CONTRACT COMPLETION STATEMENT

1. FROM: (Contract Administration Office)

Office of Naval Research
Regional Office
536 South Clark street Room 208
Chicago, IL. 60605-1588

2a. PN NUMBER

N00014-91-J-1457

2b. LAST MODIFICATION NUMBER

P00002

2c. CALL/ORDER NUMBER

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Department of the Navy
Office of the Chief of Naval Research
800 North Quincy
Arlington, VA. 22217-5005

4. CONTRACTOR IDENTITY CODE AND ADDRESS

University of Toledo
2801 W. Bancroft St.,
Toledo, OH 43606

5. EXCESS FUNDS ☒ YES ☐ NO
\$7,669.37

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

11

6c. DATE

11/21/94

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS

\$ 162,055.00 Total amount Obligated to Grant
154,385.63 Total amount billed
7,669.37 Unexpended

Excess funds in the amount of \$ 7,669.37 remain on this grant. The Department of the Navy should take action to deobligate this amount.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. Gerard Smith

9c. SIGNATURE

9d. DATE

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. David VanMetre

10d. SIGNATURE

10e. DATE

DATE: January 31, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-91-J-1457

Grantee/Contractor: University of Toledo

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$154,385.63 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of \$7,669.37 remain on the contract. The Office of Naval Research should take action to deobligate this amount. Final voucher no.11 was forwarded for payment on 26 May 1995.

2. The subject agreement began on 1 March 1991 and was completed on 28 February 1993. The total estimated cost of the agreement was \$162,055.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor - amounts charges were in agreement with those initially proposed.

(2) Overhead - The grantee charged the correct HHS predetermined on-campus rate.

(3) Fringe Benefits - The grantee charged the correct HHS predetermined on-campus rate.

(4) Materials & Supplies - The grantee expended what was budgeted.


(5) Travel - The grantee expended what was budgeted.

(6) Equipment - Equipment charged was at budget.

(7) Other Direct costs - were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.



Ed Fadullon
ads Senior Contract Specialist

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

RECEIVED

| | | | | | | |
|--|--|--|--|--|-----------|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U. S. Department of the Navy | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency N00014-91-J-1457 | | OMB Approval No. 0348-0039 | Page 1 | of 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) The University of Toledo 2801 West Bancroft St. Toledo, OH 43606 | | | | | | |
| 4. Employer Identification Number 34-6401483 | | 5. Recipient Account Number or Identifying Number 218780 | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 03/01/91 | | To: (Month, Day, Year) 02/28/94 | | 9. Period Covered by this Report From: (Month, Day, Year) 03/01/91 | | To: (Month, Day, Year) 02/28/94 |
| 10. Transactions: | | I Previously Reported | | II This Period | | III Cumulative |
| a. Total outlays | | 0 | | 161,635.63 | | 161,635.63 |
| b. Refunds, rebates, etc. | | 0 | | 0 | | 0 |
| c. Program income used in accordance with the deduction alternative | | 0 | | 0 | | 0 |
| d. Net outlays (Line a, less the sum of lines b and c) | | 0 | | 161,635.63 | | 161,635.63 |
| Recipient's share of net outlays, consisting of: | | 0 | | 0 | | 0 |
| e. Third party (in-kind) contributions | | 0 | | 0 | | 0 |
| f. Other Federal awards authorized to be used to match the award | | 0 | | 0 | | 0 |
| g. Program income used in accordance with the matching or cost sharing alternative | | 0 | | 0 | | 0 |
| h. All other recipient outlays not shown on lines e, f or g | | 0 | | 7,250.00 | | 7,250.00 |
| i. Total recipient share of net outlays (Sum of lines e, f, g and h) | | 0 | | 7,250.00 | | 7,250.00 |
| j. Federal share of net outlays (line d less line i) | | 0 | | 154,385.63 | | 154,385.63 |
| k. Total unliquidated obligations | | | | | | 0 |
| l. Recipient's share of unliquidated obligations | | | | | | 0 |
| m. Federal share of unliquidated obligations | | | | | | 0 |
| n. Total federal share (sum of lines j and m) | | | | | | 154,385.63 |
| o. Total federal funds authorized for the funding period | | | | | | 162,055.00 |
| p. Unobligated balance of federal funds (Line o minus line n) | | | | | | 7,669.37 |
| Program income, consisting of: | | | | | | 0 |
| q. Disbursed program income shown on lines c and/or g above | | | | | | 0 |
| r. Disbursed program income using the add-on alternative | | | | | | 0 |
| s. Undisbursed program income | | | | | | 0 |
| t. Total program income realized (Sum of lines q, r and s) | | | | | | 0 |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Fixed <input type="checkbox"/> Fixed b. Rate 57.9%/60% c. Base 41,518.54/17,066.10 d. Total Amount 24,038.16/10,239.66 e. Federal Share 24,038.16/10,239.66 | | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | |
| 13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title Brenda McKinley, Grants Accountant | | | | Telephone (Area code, number and extension) (419) 537-4000 | | |
| Signature of Authorized Certifying Official <i>Brenda McKinley</i> | | | | Date Report Submitted 11/21/94 | | |

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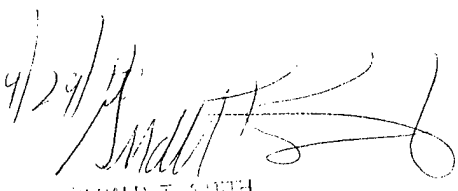
Standard Form 288 (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

| | | | | | |
|---|---|--|-----|---|---------------|
| REQUEST FOR ADVANCE OR REIMBURSEMENT (See instructions on back) | | Approved by Office of Management and Budget, No. 80-RO183 | | PAGE 1 OF 1 PAGES | |
| | | 1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL | | 2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL | |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED | | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY | | 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST | |
| U. S. Department of Navy | | N00014-91-J-1457 | | 11 | |
| 6. EMPLOYER IDENTIFICATION NUMBER | 7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER | 8. PERIOD COVERED BY THIS REQUEST | | | |
| 34-6401483 | 218780 | FROM (month, day, year) TO (month, day, year) 01/01/94 02/28/94 | | | |
| 9. RECIPIENT ORGANIZATION | | 10. PAYEE (Where check is to be sent is different than item 9) | | | |
| Name : The University of Toledo Number and Street : 2801 W. Bancroft City, State and ZIP Code : Toledo OH 43606 | | Name : The University of Toledo Grants Accounting Number and Street : 2801 W. Bancroft City, State and ZIP Code : Toledo OH 43606 | | | |
| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | | | | |
| PROGRAMS/FUNCTIONS/ACTIVITIES ► | | (a) | (b) | (c) | TOTAL |
| a. Total program outlays to date (As of date) 02/28/94 | | \$ | \$ | \$ | \$ 161,635.63 |
| b. Less: Cumulative program income | | | | | 0 |
| c. Net program outlays (Line a minus line b) | | | | | 161,635.63 |
| d. Estimated net cash outlays for advance period | | | | | 0 |
| e. Total (Sum of lines c & d) | | | | | 161,635.63 |
| f. Non-Federal share of amount on line e | | | | | 7,250.00 |
| g. Federal share of amount on line e | | | | | 154,385.63 |
| h. Federal payments previously requested | | | | | 135,025.35 |
| i. Federal share now requested (Line g minus line h) | | | | | 19,360.28 |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | | 1st month | | | |
| | | 2nd month | | | |
| | | 3rd month | | | |
| 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY | | | | | |
| a. Estimated Federal cash outlays that will be made during period covered by the advance | | | | \$ | |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | | | | | |
| c. Amount requested (Line a minus line b) | | | | \$ | |
| 13. CERTIFICATION | | | | | |
| I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested. | | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | DATE REQUEST SUBMITTED | |
| | | TYPED OR PRINTED NAME AND TITLE Brenda McKinley, Grants Accountant | | 11/21/94 TELEPHONE (AREA CODE, NUMBER, EXTENSION) (419) 537-4000 | |

This space for agency use

9/29/94

 GERALD T. SMITH
 Administrative Contracting Officer